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Medical Lib

The Public Health Nurse

Volume XVIII

March, 1926

Number 3

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By Sophie C. Nelson, R.N.

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The PUBLIC HEALTH NURSE

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MENTAL HYGIENE PROGRAMS IN PUBLIC HEALTH NURSING SERVICES

We begin in this number a series of reports of somewhat unusual interest and importance. Of interest because mental hygiene has been the last of special public health subjects to be—somewhat tardily—incorporated in a few public health nursing services. Of importance, because no public health nursing service can be considered well rounded without taking definite account of that subtle but powerful element, human personality, which inevitably is interwoven in every regional activity, special branch, age group or any other factor, which now makes up the increasingly complex organism which we call public health nursing.

There is as yet no “standardized” plan for mental hygiene programs in public health nursing, perhaps because in the development of this most delicate and intricate subject any “standardized” methods are as yet impos-

sible, and perhaps will never be desirable.

Our object therefore in presenting the reports of work in mental hygiene now being carried out—experimentally—in public health nursing services is to show, so to speak, the framework of each, in order that comparison of these experiments can be made, discussion provoked, and in the end analysis made of the various methods and their results. It must be understood that neither *THE PUBLIC HEALTH NURSE*, nor its kind consultant, The National Committee for Mental Hygiene, holds any brief for any one method of work or organization which will be described. The questions which we have asked to be answered so far as possible in each article were carefully prepared (also in consultation) as covering so far as we could anticipate the points on which we seek enlightenment.

RECENT STATE LEGISLATION ON PUBLIC HEALTH NURSING

BY JAMES A. TOBEY
Washington, D. C.

DURING the last three years about a dozen new state laws pertaining directly to public health nursing have been passed. Some of these measures have amended existing laws, though most of them are new acts. In 1925, eight states passed nine public health nursing laws of general state-wide scope, while two other states passed laws of local application. Three laws of general interest, in as many states, and three of local scope, in one state, were promulgated during 1923. In addition, there were numerous new laws relating to nursing in general, as well as a number of state laws accepting the Federal Maternity and Infancy Act, among the specific or implied powers of which is the employment of public health nurses.

The state laws on public health nursing prior to the legislative sessions of 1923 were reviewed by the author in *THE PUBLIC HEALTH NURSE* of April, 1923.* The present article is a supplement to this earlier one and besides reviewing new legislation, mentions three older laws, omitted from that review. Other corrections, such as references to newly compiled state codes of law, are also indicated. It is believed that these two articles together give a reasonably complete review to date of all state laws which specifically mention any phase of public health nursing. As pointed out before, however, such nursing may be affected by all health laws, and broad powers contained in general health legislation may authorize the appointment of public health nurses and may regulate their duties and actions. It is, of course, possible that some state laws on public

health nursing have been missed in these reviews.

Laws dealing directly with public health nursing are now in force in 36 states, as follows: Alabama, California, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin. In addition, Rhode Island has several laws relating to certain local communities.

In the following pages there will be presented by states the new laws and amendments and corrected references, which have been ascertained since the publication of the April, 1923, review of state laws on public health nursing.

ALABAMA

The law permitting county health officers to employ and remove nurses may now be found in the Political Code of 1923, Section 1055.

CONNECTICUT

Laws of 1925, Chapter 75 (Act of April 16, 1925) permits town educational authorities to appoint school nurses.

Laws of 1925, Chapter 132 (Act of May 29, 1925) provides that any nurse acting as a teacher of hygiene and holding a certificate of qualification from the State Board of Education and employed by town school authorities shall be considered a teacher and entitled to the privileges of that employment under existing law.

(NOTE: Other public health nursing laws are Section 914 of Chapter 49, Revised

* A limited number of reprints of the earlier paper, *A Review of State Laws on Public Health Nursing*, are available at N.O.P.H.N. Headquarters, 370 Seventh Avenue, New York—price 15 cents.

Statutes of 1918; and Section 3056 of Chapter 30, Laws of 1921.)

ILLINOIS

Revised Statutes of 1925, Chapter 24, par. 621 (Act of June 30, 1925), provides that the mayor of any city, village, or incorporated town, having a population over 5,000 and less than 100,000, which has adopted this act, shall appoint, upon the recommendation of the municipal board of health, one or more registered nurses to be known as community nurses, who shall perform such duties as assigned by the health officer. The act provides for a referendum for its local adoption and authorizes a tax of three-tenths of a mill on the dollar for support of the nurse.

IOWA

The law empowering municipal authorities and school boards to employ public health nurses may now be found in Sections 2362, 2363, and 2364, Chapter 111 of the Code of 1924.

In addition, there has come to light a provision in Section 3613, Chapter 179 of this Code, which authorizes juvenile courts in counties having a population of 125,000 or more to appoint a visiting nurse at a salary not over \$100 a month.

KANSAS

The law authorizing first and second class cities to levy taxes to maintain public health nursing associations may now be found in Sections 1631 and 1632, Chapter 12, of the Revised Statutes of 1923.

Laws of 1925, Chapter 146 (Act of March 2, 1925), authorizes counties over 120,000 population to appoint public health nurses to work in the public schools outside of first and second class cities. Such nurses must be registered, have had nine months public health experience, and will do general school hygiene work. The salary may not be over \$1,800 a year.

MAINE

Laws of 1923, Chapter 102 (Act of March 28, 1923), defines and sets standards for public health nurses. They must be registered, and approved by a committee of three, representing the State Board of Examiners of Nurses, the Maine State Nurses Association, and the division of public health nursing of the State Board of Health. "Public

health nursing . . . shall be deemed to include nursing done by any graduate nurse in any form of social work in which the health of the public is concerned, and in which her training as a nurse comes into play and is recognized as a valuable part of her equipment."

MICHIGAN

The Laws of 1921, No. 277, permitting townships by vote to appropriate funds for public health nurses and setting forth duties and requirements, was amended by the Laws of 1925, No. 145, which provides a penalty for violation of the law, none having been mentioned in the previous act.

Laws of 1925, No. 7 (page 15), authorizes counties to employ public health nurses. They must be registered nurses who have had either four months special training or eight months actual experience. They report through local and state boards of health. No person who objects can be required to receive from them health examination, instruction, or treatment. They are to be directed by a local committee of five.

MINNESOTA

The Laws of 1921, Chapter 138, empowering municipal and county authorities to appropriate for public health nurses was amended by Chapter 196 of the Laws of 1925, by adding school boards, and providing that these various authorities may employ the nurses "for such public health duties as they may deem necessary." They must be registered, the State Board of Health to maintain a list, approved by a committee of five, representing one physician from the State Medical Society, and four nurses, from the University of Minnesota, the State Organization for Public Health Nursing, the State Board of Health, and the State Director of Nursing Education. They may be detailed to act under the county board of health, or a nursing committee of five.

Acts of 1913 and 1915, not previously mentioned, have also been found. They authorize counties to employ nurses to visit consumptives in their homes. General Statutes of 1923, Section 706.

MISSOURI

Chapter 41 of the Revised Statutes of 1919 has been amended by the Act of May 1,

1925, Laws of 1925, page 253, to the effect that whenever the State Board of Health considers it necessary to secure the aid of a public health nurse . . ., such board shall make formal written report to the county court or mayor of second, third, and fourth class cities and recommend a course of action. County and municipal authorities having considered the matter, public health nurses may be employed to do communicable disease nursing.

NEW HAMPSHIRE

Laws of 1925, Chapter 64 (Act of April 10, 1925), requires public health nurses to be registered nurses hereafter. Defines public health nursing as including only employment by or for the state, county, city, town, or school district.

NEW JERSEY

The Law of 1918, Chapter 185, empowering counties to employ public health nurses, and fixing their duties, may now be found in the 1911-1924 Cumulative Supplement to the New Jersey Statutes, on page 771.

NEW YORK

Laws of 1925, Chapter 503 (Act of April 9, 1925), amends the County Law, Chapter 11 of the Consolidated Laws, so that county nurses shall work under the direction of a committee appointed by the Board of Supervisors, this committee to include two physicians, members of the county medical society, preferably health officers, and may include an equal number from the Board, and one or more persons representing public health nursing organizations in the county. The State Health Commissioner maintains general supervision. The nurse may be designated the school nurse for any common school district.

OKLAHOMA

Laws of 1923, Chapter 39 (Act of April 9, 1923), authorizes county commissioners to employ nurses to care for the indigent tuberculous.

RHODE ISLAND

Laws of 1923, Chapter 511 (Act of May 14, 1923), authorizes town of Little Compton to employ a public health nurse.

Laws of 1923, Chapter 532 (Act of May 15, 1923), validates an appropriation for a public health nurse for the town of Tiverton.

Laws of 1923, Chapter 534 (Act of April 20, 1923), authorizes town of Warren to appropriate for a district nursing association.

Laws of 1925, Chapter 687 (Act of March 11, 1925), authorizes city of Providence to appropriate toward the support of a district nursing association.

Laws of 1925, Chapter 707 (Act of April 21, 1925), authorizes town of Cranston to appropriate for anti-tuberculosis or district nursing.

SOUTH CAROLINA

Laws of 1925, No. 174, authorizes a public health nurse for Spartanburg county.

VIRGINIA

The Acts of 1918, Chapter 384, and of 1920, Chapter 327, are now given in Section 724a of the Code of 1924. This provides that counties, cities, and towns may appoint school nurses, who must be approved by the State Health Officer and the Superintendent of Public Instruction.

The Act of 1922 establishing a unit of doctors and nurses to do state tuberculosis work is now Section 1550a of the 1924 Code.

WEST VIRGINIA

The Law of 1919, Chapter 2, giving boards of education authority to employ school nurses is now to be found in the Code of 1923 as Chapter 45, Section 64.

An Act of 1915, given in the Code of 1923, Chapter 150, Section 4, says that the state director of the division of preventable diseases shall encourage, among other things, measures for district nursing in connection with tuberculosis work.

WISCONSIN

The Acts of 1917, Chapter 123, and of 1919, Chapter 311, authorizing municipalities and counties to employ public health nurses are now given as Sections 141.05 and 141.06 of the General Statutes of 1923.

General Statutes of 1923, Section 149.09, states that qualifications of public health nurses shall be determined by a committee of three examiners, one selected by the State Board of Health, one by the board of examiners for nurses, and one by the State Superintendent of Public Instruction. Candidates are appointed by local authorities from a certified list. The Act does not apply to cities of the first class.

ADVENTURES IN HELL HOLE

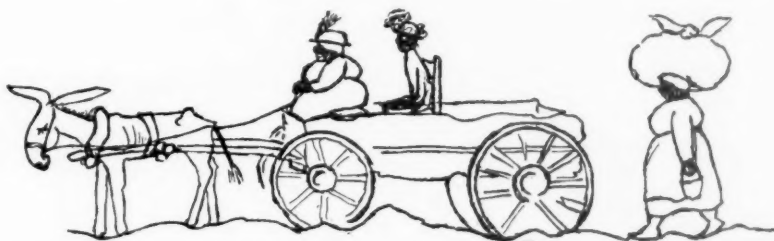
BY S. ROSE HERBERT
State Field Nurse for South Carolina

Illustrated by the author

Ninth in the series of "Our Adventurers"

DOWN in the coast section of South Carolina there is still a vast amount of swampy territory that is very thinly populated. Before the

took a short cut. I followed the Charleston highway and finally came to a sign saying "Moncks Corners." When I turned off the highway I



Civil War this land was held by wealthy families who owned slaves, not by hundreds, but by thousands. This fact and the fact that these land-owners were largely of direct French descent explains the quaint language of the negroes in this section—a mixture of English, French and Congo. Even people from 100 miles upstate have great difficulty in understanding them.

When I became a member of the group of field nurses with the State Board of Health of South Carolina I was given a list of eight or ten counties where I might possibly be sent. The Director, explaining the advantages and disadvantages of these counties, said: "Now, B— county. It is one of the largest counties in the state and the population is less than that of the town of Greenville. The distances are great and the roads are bad."

"Well," I said, "I think I'd like to go to B—."

I did not realize then what I was saying but have never once regretted saying it.

The directions given me for reaching Moncks Corners (the county seat of B— county) were so involved that I decided to use my own judgment and

went "bump," and I have been bumping ever since.

People in this generation of automobiles may be able to conceive of a short distance of rough roads, but to one who has not driven over B— county roads it is difficult to imagine 40 miles of such jolts. Finally I passed an old colored woman carrying a basket. "Mammy," I asked, "how far is it to Moncks Corners?"

"Unna kep straight on doon about eight moile, den unna turn um to de roight."

She rode with me about a mile and kept up the quaintest chatter I ever heard.

"Is unna de nus lady wat will teach de granny?"

She thought it very funny and laughed a great deal, and I laughed too for already I felt better.

My work in B— county is to hold classes of instruction for the 200 midwives—most of them unlicensed—practicing in the county. There are only five doctors in the county.

Get in my roadster and go with me to one of my classes which is held each week on Friday in Wando (in Hell Hole Swamp), which is considered by the population of Moncks Corners as

out of the world. Even as my Columbia friends smiled when I said Moncks Corners, so the natives of Moncks Corners whistle between their teeth when I say, "Well, I'm off for Wando this morning." Very few natives of Moncks Corners have ever been there.

We leave Moncks Corners at 8 A.M. in order to cover that 35 miles by 11:30. We hit the swamp road with a bump as usual. We pass through cypress swamps, logging sections, turpentine groves. Then out of it all appears a long lane of live oaks with gray moss waving almost to the ground, and at the end of the lane a big white house, the remains of an old estate.

We ride for miles without seeing a house except an occasional negro hut. A deer runs across the path, then a fox. Then we scare up a flock of wild turkeys. Soon we pass through a long stretch of sand land dotted with long-leaf pines. Set back from the road is an old brick church. We stop and go in. Some of the tombs are dated 1712. The door has been left open and sheep and goats have been making their homes there. No words can describe the feeling this desecration gives. On the wall is a marble slab erected to "Richard — Esq. in appreciation of financial and spiritual aid given the poor children of his parish." Outside is another brick building with a very large fireplace where the nurses kept the children during the service.

Soon we pass another brick church, or, rather, two walls of an old church. This was destroyed during the war and used as a stable for the soldiers' horses.

The road traveled each week by the nurse is used mainly at night by bootleggers. Before we reach Wando we pass a country store where 10 to 20 cars are parked. After dark these cars will sail out like fire-flies, loaded with liquor. But we are not afraid, for there is no danger. Everybody knows we are not looking for trouble so all we get is a bow, a smile, or a curious look or two. It is strange to see a woman riding unescorted in this district.

Riding on we see a figure dart into the bushes ahead of us. As the car approaches, a black face peeps out and Mum Katie, recognizing the car, hops down into the road. She curtsies with the utmost reverence and asks, "Missis teacher—him well dis mawnin'? Him



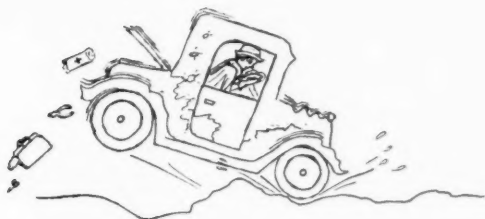
The lovely old Brick Church back from the Road

mus tired. Him cum all way fum Moncks Corners."

We find that Mum Katie has been walking since early morning in order to get to the class. We invite her to ride, which invitation she gaily accepts. Soon we pass two other colored women on their way to the class and Mum Katie surprises us with a loud halloo to them. She is so proud to be seen riding with "buckra" (white folks).

On arriving at the ramshackle hall where we hold our meetings we find twenty-five negro women waiting outside in the warm sunshine, some sitting on logs and some patiently standing. They hail us gaily and we find many have been waiting several hours, having no idea of time.

It is impossible to make them hurry, and it takes several minutes for them



The Author in "High"

all to troop in, seat themselves and get quiet. Mum Ca' lone, coming in late, explains her tardiness, "I been plagued wid de col in de haid, but I tucken some hot tea do an' kinder revived up ter git yer."

Our pupils are delighted at the opportunity to recite, but it is a very hard matter to teach them to describe any procedure in detail. For instance, one midwife, in describing treatment for varicose veins says, "Unna mus hab de pashon on he back on de bed wid he laigs prop up on a chair or agin' de wall for *so many minutes* ebry day."

Another, in describing the process of draping the patient, says, "Wrap de pashon big toes in a sheet to keep he from exposure."

The majority of these women had been practicing alone and taking the entire responsibility of their cases for so long (being 35 miles from the nearest doctor) that they at first refused to learn. When these new ideas, such as scrubbing the hands and arms with a brush) were sprung on them they would nudge each other and try to hide their smiles, not as if they were laughing at the nurse, but because they were thoroughly amused. However, after a few lessons it was quite interesting to note the change of attitude. Soon they were calling the nurse, "uses Missis Doctor" in the friendliest manner.

The one ray of hope is that they seem to some extent to realize their own ignorance. In four instances the nurse has had a midwife rise in class and say, "Missis, de mothers ought to

be yer. Dey don' know nuttin' 'bout gettin' ready to hab a baby." Once when one rose and made this remark another midwife pushed her back into her seat in disgust, and rising, said, "Hush, Nigger, don' yo on'erstan'? She is Moses an' we is de Aarons. She teach us an' we teach de people."

After the class is dismissed they crowd around with questions or with gifts which it is impossible to refuse, such as stalks of sugar cane, a bag of peanuts or pecans, a half dozen eggs, or a chicken. At the nurse's protest they say, "But, Missis, we wants to do it. Unna says pretty words an' we does appreciate um very mush. Unna is our teacher."

After class we ride on past the hall into the unique and isolated town of Wando. The one and only street leads us between a few small homes and a store or two directly down to the Wando river where the motor boats make their landing. On the left as we look out over the river is an old brick two-story house which was built before the Civil War, and which is still occupied. From the high front porch we look over the tops of tall pointed cedars down the river and our fancy runs away with us. It is hard to remember that we are of this present generation and are working people, must get back on the job and meet the class at Cordesville at 3 o'clock. We must hurry, for it will take hard riding now to make it, and some of the old mammies have probably already been waiting on the steps of the church for hours.

A MENTAL HYGIENE PROGRAM AS PART OF A PUBLIC HEALTH NURSING SERVICE

By LILIAN F. COE

Mental Hygiene Nurse, Providence District Nursing Association

Editor's Note: This is the first of the series of reports on mental hygiene programs in connection with public health nursing services. It will be seen that this report answers directly the questions printed below. We hope that in succeeding articles the answers to the questions will also be incorporated, as far as possible, together with some description of methods of actual work and case studies. Editorial comment in this number will further explain the reasons for this series.

The methods and ideals described in Chapter 6, Part III, in Mary S. Gardner's *Public Health Nursing*, are followed so far as possible in the Providence work.

Questions

1. How old is your Association? How long has mental hygiene been a part of the program of your Association?
2. Why was the work undertaken? To meet a specific need?
3. How are cases selected?
How is work limited?
 - (1) Service to individuals—all ages?
 - (2) Service to family?
 - (3) Service to other agencies?
 - (4) Clinics or group teaching?
4. Character of work.
 - (1) Entirely for (a) paroled "insane" cases?
 - (b) neurotic cases?
 - (c) behavior cases?
 - (d) maladjusted cases?Reëducational measures for above groups (b), (c) and (d)?
 - (2) Entirely preventive?
 - (3) For both (1) and (2)?
5. Plan of work.
 - (1) Is mental hygiene worker (or psychiatric social worker) apart from medical director, entirely responsible for all cases carried?
 - (2) Are cases carried by general staff under direction and supervision of special trained worker?
 - (3) If (2) how are teaching and supervision planned?
6. Necessary qualifications.
 - (1) Is special worker a nurse? If so, what special training?
 - (2) If social worker, what special training?
 - (3) Which in your opinion is more desirable?
7. Medical director.
 - (1) Is your work directed by a psychiatrist or a non-medical psychologist?
 - (2) If the latter, how is medical direction secured?
 - (3) Are clinics conducted by the Association? Do these clinics include psychiatric as well as psychological examinations?
 - (4) Are clinics diagnostic or therapeutic or both?
8. How does work tie up with other psychiatric work in community?
9. Measurements.

What means have been devised to measure the result of mental hygiene work?
Is this possible, and has anyone attempted to measure costs?

1. The Providence District Nursing Association was founded in 1900. In 1923, a Mental Hygiene Service was added to the work of the Association.

2. The work was undertaken to fill a specific need felt on the part of the staff nurses for help and advice in understanding the problems with which they were daily being confronted, and

to arouse an interest in the nurses of the Association in the importance of mental hygiene as a public health problem.

3. Many of the cases are found by other nurses of the Association and brought to the mental hygiene nurse for advice and consultation. Such consultative work is not limited to the nurses of the Association alone, but is

extended to the workers of other agencies. Home visits at the request of workers in other agencies are made. A report of conditions found and mental symptoms noted is given the other agency, and the patient admitted to the Mental Hygiene Service of the Providence District Nursing Association for further study and advice.

Service to the families consists in explaining the instructions of the psychiatrist, in securing proper treatment for the patient by general supervision, in removing abnormal environmental factors, and in guidance in dealing with behavior problems, etc.

Lectures by the mental hygiene nurse are given to each group of student nurses coming to the Association for undergraduate training on the history and development of mental diseases, and mental disease as a responsibility of a public health nurse. Pupils are encouraged to refer suspected cases for follow up work. New nurses also receive this instruction. From time to time talks are given to the staff nurses at the staff meeting, followed by a general discussion of problem cases. The nurses display the keenest interest and readily avail themselves of these opportunities for discussion.

A list of books on mental diseases and mental hygiene is posted and pamphlets and mental hygiene magazines for the use of the nurses are supplied by the mental hygiene nurse to all who may desire them.

4. The work is conducted along both curative and preventive lines. The list of patients includes those suffering from definite psychoses, the borderline type (neurasthenia, psychasthenia, and hysteria), the problem child and the maladjusted individual. The work among the paroled "insane" patients is carried on for the most part by the social workers from the State Hospital for Mental Diseases though there is excellent coöperation in this work. Treatment for the patients suffering from well-defined types of mental disease consists in securing treatment for the condition producing them, advice

as to diet, rest, exercise, and recreation, and the general building up of the physical health. The family is encouraged to adopt a helpful and understanding attitude toward the patient in an effort to assist him to adjust himself to home life.

The re-educational measures with the borderline group consist in encouragement in establishing healthful mental attitudes, and the observation of simple rules of physical hygiene.

The maladjusted and problem child is taken either to a clinic or to a private physician for a complete physical examination before any reconstruction work is attempted, and every effort is made to have any discovered disorders corrected. The interest and coöperation of school authorities, teachers, attendance officers, etc., is also enlisted in behalf of the child. The importance of proper diet, healthy recreation, guidance in the selection of the right associates, adjustment by special class of manual training or vocational guidance is explained to the family.

5. The mental hygiene nurse does not personally carry all the cases. A certain percentage are under the care of the regular staff nurses under the direction and supervision of the mental hygiene nurse. All cases presenting a difficult nursing problem are visited and instruction in bedside nursing is given. The patients and families of all patients referred by the other nurses are visited either with or without the nurse reporting the case. A careful study is made of the patient, the family and the home, a conference held with the nurse and a plan outlined for her guidance.

6. The mental hygiene nurse of the Providence District Nursing Association is a graduate nurse with thirteen years experience in public health and social work, with one year of post-graduate work in psychiatry at a mental hospital. The most desirable worker in this specialized field, in her opinion, is the graduate nurse, with a background of public health work plus a knowledge of psychiatry.

A nurse is desirable because the physical condition is more and more felt to be inexorably bound up with every case of mental disturbance.

7. All cases carried by the mental hygiene nurse are under the direction of a psychiatrist. The Association does not conduct any mental hygiene clinics, but furnishes the services of the mental hygiene nurse gratuitously. Clinics

attended are both diagnostic and therapeutic.

8. The work of the Association links up with the other psychiatric work through the coöperation of the mental hygiene nurse with the workers in other agencies.

9. No means have been devised to measure the results of the mental hygiene work. Is this possible as yet?

"AREN'T WE ALL?"

These questionnaires for teachers sent us by Dr. Sherman might well be taken to heart by other groups as well.

Teacher?

Have you had a health examination this year?

If defects were found have you had them corrected?

How many days last year were you absent from your work on account of illness?

If any, do you know how this might have been prevented?

What do you consider the daily rules of personal hygiene?

What do you include in daily health habits?

Are you practicing them?

Are you an example of health to pupils and others?

What do you consider a good menu for a breakfast, dinner, and supper for a teacher's working day?

Do you spend at least one hour a day in the open?

Do you allow yourself some social activities weekly?

Teacher's Daily Questionnaire

Will I bear inspection as to personal hygiene?

Am I practicing health habits daily?

Is the classroom in order?

Is the ventilation good?

Are the window boards or screens in use?

Is the drinking water container clean? (Porcelain covered?)

Is the water pure and fresh?

Is each child provided with his own cup? (State law?)

Is it kept clean for his personal use?

Is there water for washing the hands, soap and towels?

Are the toilets clean, ventilated and supplied with toilet paper?

Is the thermometer and temperature chart in the right place and ready for use hourly?

Do pupils file for a drink of water in the middle of the morning and afternoon and do you?

Are the physical exercise drills given daily?

Are they given with open windows?

Are they made snappy and worth something?

Do the children enjoy them?

Do the children all go out at recess and do you?

Do they play actively and seem to enjoy it?

Do you play with them or supervise play?

Is a health inspection made daily?

Are the pupils interested?

Are they improving in personal hygiene?

Do you begin the day and end it with a health topic?

Is a hot dish prepared at noon?

Do the children bring milk with their lunch?

Do they bring the right food combinations?

Is the luncheon hour supervised?

Is it made an opportunity for discussing good food habits?

FLORENCE A. SHERMAN, M.D.,
Assistant State Medical Inspector of
Nursing, Albany, N. Y.

THE MOTHERCRAFT TRAINING SOCIETY

By IRENE H. CHARLEY, S.R.N.

London, England

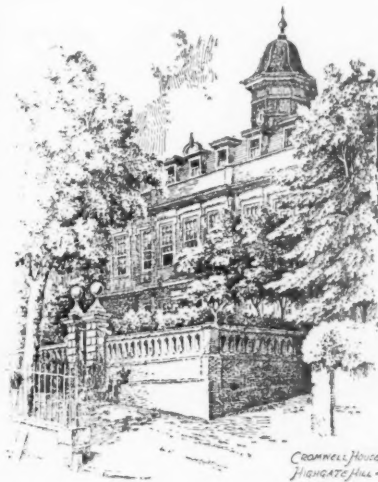
WITH the dawning realization that a healthy childhood is an economic asset in the well-being of any flourishing country, this description of the original work being done in the interests of infant welfare at the Mothercraft Training Society, in London, may be of interest to the public health nurse in America.

The Society, which is recognized by the Ministry of Health and is carried on under the auspices of the Overseas Club and Patriotic League, was founded seven years ago by Sir Frederick Truby King, C.M.G., Director of Child Welfare in the Dominion of New Zealand. It may be recalled that the infant mortality in this country is the lowest in the world—41 per thousand—and the great success achieved there is mainly due to the work of Sir Frederick Truby King and the Plunket Nurses, an organization of child welfare workers all of whom are graduate nurses, who have augmented their institutional experience with a special course in infant feeding at the recognized dietetic hospitals throughout the country. In this way standardized teaching is given and only Truby King methods are taught.

Sir Frederick Truby King, living in the midst of scientific farming such as is carried out in New Zealand, was first of all interested in the percentage feeding of stock. Later he turned his attention to a more intricate problem, and from a modest beginning—his

home was his first hospital—he has piloted his methods of child hygiene through diverse channels until his success can be judged by the excellent results gained.

Cromwell House, Highgate, London, a delightful old world residence in a London suburb, is the headquarters of the Society which has for its aims:



From The Nursing Times

1. To uphold the sacredness of the body and the duty of health.

2. To inculcate a lofty view of the responsibilities of maternity and the duty of every mother to fit herself for the perfect fulfilment of the natural calls of motherhood both before and after childbirth, and especially to advocate and promote the breast feeding of infants.

3. To acquire accurate information and knowledge affecting the health of women and children.

To disseminate such knowledge through its members, nurses and others by handing on from one recipient or beneficiary to another, using such agencies as periodical meetings at members' houses or elsewhere, demonstrations, lectures, correspondence, newspaper articles, pamphlets, books, etc.

4. To give special training to qualified nurses whose duty it will be to give reliable instruction, advice and assistance on matters affecting the health and well-being of women, especially during pregnancy and while nursing infants, and on matters affecting the health of their children. To train probationers and students in infant care and mothercraft, and to educate and help parents and others in a practical way in domestic hygiene in general with a view to conserving the health and strength of rising generations and rendering both mother and offspring hardy, healthy and resistive to disease.

5. To coöperate with any present or future organizations which are working for any of the foregoing or cognate objects.

The Hospital has accommodation for:

(a) Sick babies, chiefly marasmic pa-

tients and those suffering from alimentary decomposition or infantile atrophía

(b) Well babies

(c) Has a mothers' flat reserved for mothers and their babies who are admitted for adjustment of breast feeding or re-establishment of lactation necessary because of premature weaning or mismanagement at birth.

The well babies are the children of the maids, many of whom are unmarried mothers. This arrangement cannot be too well stressed as it provides an unusual opportunity for a nurse to care for a well and sick baby concurrently and make the comparison between them often impossible for a nurse in an ordinary institution. These maids nurse their babies and do the work of the Hospital. Their surplus milk is used for the sick babies. The record of one mother who was nursing twins and who produced as much as 70 ounces during 24 hours is worthy of note.

Training for Other Workers

Training is given to various kinds of workers, the length of time varying according to previous experience. Graduate nurses may take a three months course; midwives 4-6 months; untrained women and girls one year.

Young mothers and girls about to marry are given practical courses in mothercraft, accompanied by demonstrations which are arranged at regular intervals. Besides the resident institutional work large out-patient departments are carried on for advice and education.

An unique and valuable branch of the work is carried on through the "Woman's Pictorial," a weekly periodical to which the Matron contributes an article on child hygiene, for mothers outside London. Advice and help on readjustment of feeding, weaning and the multifarious problems of child life is given through the mail to an increasing number of correspondents. The beneficiaries of this "outside" help have recently shown their appreciation by giving a "sun balcony" for Cromwell House where heliotherapy can be used for treatment for the

emaciated and undernourished little ones.

The training given the students is thorough and scientific, lectures and demonstrations being given in the caloric system of dietetics and percentage feeding, and other side lines of infant hygiene.

Dr. Truby King's methods are breast feeding at all costs if humanly possible, but if for some uncontrollable reason impossible then cow's milk in a suitable formula. In order to dilute the high protein content of cow's milk lime water is added, with the result that the sugar and fat have also been diluted. In order to once more bring the mixture up to the percentage of breast milk, to which standard all formulae are worked, sugar in the form of Dextri Maltose and fat in an emulsion are added. The emulsion is purely a New Zealand product made under the direct supervision of Sir Frederick Truby King and consists of animal fats, butter and suet; fish oil, cod liver oil; and vegetable fat, peanut oil. The specified amount of emulsion is given the baby from a spoon before his bottle feeding. As the anti-rachitic vitamine is present in large quantities in all the fats used in the emulsion, and because vegetable oils are so much more easily assimilated by the baby than animal fats, the combination seems to be a happy one.

The cases of marasmic children admitted and thought to be hopeless but were discharged healthy, are monuments to the excellent work accomplished at Cromwell House.

It is interesting to show from practical experience how very much easier it is to adjust the feeding of a breast fed baby than to correct the abuse which is the lot of his less fortunate bottle fed brother, by comparing the different periods spent in hospital by the two classes. The average stay in hospital for a mother and her baby in 1924 was 33 days and for a bottle fed baby 75 days.

An extract from the report of Dr. J. S. Fairbairn, chief obstetrician of St. Thomas's Hospital and honorary

consulting physician to the Mothercraft Training Society, shows the new interest in favor of breast feeding which is sweeping through the country, partly due to the pioneer work and unique educational program presented at Cromwell House. Dr. Fairbairn says:

As examiner for medical degrees at various universities and as a member of the Central Midwives Board, I have many opportunities of comparing teaching given to medical students and to midwives at different schools throughout the country before and since the foundation of the Mothercraft Training School. Before the propaganda work was begun, it was useless either at a medical examination or at the examination of the Central Midwives Board to set questions on breast feeding or how to overcome difficulties with it. The subject was for all practical purposes untaught and candidates were prepared to write at length on substi-

tute feeding, but were hopelessly baffled if the problem set them concerned natural feeding. Now, in what we may call the post-mothercraft training school era, the principles of breast feeding and the overcoming of difficulties therewith, and even the methods of restoring the breast milk after weaning, have so far permeated the ordinary training schools that quite a considerable proportion of candidates will show a knowledge of the methods advocated at Cromwell House. During our term of occupancy there has been revolution in the teaching of infant feeding, and our school may justifiably claim that it has played a large part in bringing it about by its persistent advocacy of the study of breast feeding, the methods thereon, and the results obtained thereby, and its enthusiasm for its ideals and missionary zeal in the broadcasting of them. If the momentum can be maintained with this new era, it will be difficult to realize how great will be the influence of this school on the health of the rising generation.



Illustration in *Maternity and Child Welfare*

That parenthood is "a job for two," and fathercraft is more than an imitative phrase is becoming more and more evident these days. Family life is meant to be a co-operative affair, says an editorial in *Maternity and Child Welfare*, published in London, commenting on the successful class in Fathercraft opened by a doctor in charge of the maternity and child welfare work of Finsbury.

"Legally every legitimately born child has one parent—a father; in actual fact, so far as care and protection are concerned, many children have only one parent—a mother. But according to nature, every child has a right to the love and interest and guardianship of both father and mother, who ought to have, as the marriage service puts it, 'mutual help one of the other' . . .

"The average man has probably less interest in details of babyhood as a whole than the average woman, but every father worth his name is interested in his own child, and is only too ready to discuss his difficulties and to listen to the advice of experts. Regular feeding of the baby and the care of the mother during pregnancy are among the subjects which may well be explained to the father."

NATIONAL NEGRO HEALTH WEEK

BY MONROE R. WORK

Tuskegee Institute, Editor of Negro Year Book

NATIONAL Negro Health Week was established in 1915 by the late Booker T. Washington. In sending out the appeal for its establishment he said:

At the last session of the Tuskegee Negro Conference some startling facts were brought out concerning the health of the colored people of the United States: It was shown that 45 per cent of all deaths among Negroes are preventable; that there are 450,000 Negroes seriously ill all the time; that the annual cost of this illness is \$75,000,000; that sickness and death cost Negroes annually \$100,000,000.

Because of these facts I have thought it advisable to ask the Negro people of the whole country and their organizations to join in a movement which shall be known as "Health Improvement Week" beginning April 11 to April 17, inclusive, 1915.

The growth of National Negro Health Week in scope and influence is indicated by a comparison of the agencies and organizations included in the 1926 call for National Negro Health Week as compared with those included in the 1915 call. It is also interesting to note that all of the 14 agencies and organizations included in the first call for National Negro Health Week were entirely among colored people. The 1926 call includes 28 agencies and organizations, 11 of which are for all the people, white and colored. These 28 agencies and organizations are:

The United States Public Health Service; The National Health Council; The National Medical Association; the National Tuberculosis Association; The National Association of Graduate Nurses; The National Organization for Public Health Nursing; The American Red Cross; The American Social Hygiene Association; The National Child Welfare Association; The American Child Health Association; The National Health Circle for Colored People; The National Clean-up and Paint-up Bureau; The National Federation of Colored Women's Clubs; The National League on Urban Conditions; The Commission on Interracial Co-

operation; The Young Men's and Young Women's Christian Associations; The National Association of Teachers in Colored Schools; The Associated Negro Press; The National Negro Press Association; the state boards of health; city boards of health; state medical associations; annual church conferences and associations; fraternal organizations; insurance companies; farmers' conferences; local schools and churches.

During the 11 years of its existence, National Negro Health Week has grown in scope and influence until today it can be regarded as an institution. In addition to the most valuable assistance rendered by the U. S. Public Health Service and other agencies national in scope, a large increase in the number of state, city, and county health departments taking an active part in the Health Week observance was noted in 1925.

City health departments likewise were active in the promotion of the observance of National Negro Health Week.

There was wide observance of Health Week in the rural communities of the South. This was fostered and largely directed by the county agricultural agents and home demonstration agents, working under the United States Department of Agriculture Extension Service.

The twelfth annual observance of Health Week has been set for April 4 to 10, 1926, under the auspices of the Tuskegee Negro Conference and the National Negro Business League with the assistance of federal, state, county and municipal organizations.

As health departments, state, city and county, have come to participate more and more in the Health Week observance, the importance of the public health nurse as one of the most, if not the most, effective agency for teaching health education to the masses is becoming more and more apparent.

BUILDING UP RELATIONSHIPS BETWEEN PUBLIC AND PRIVATE AGENCIES RESPONSIBLE FOR PUBLIC HEALTH NURSING SERVICE

BY SOPHIE C. NELSON

Director, Visiting Nurse Service, John Hancock Mutual Life Insurance Company

Given at a joint session of the Public Health Administration and Public Health Nursing Sections at the annual meeting of the American Public Health Association, St. Louis, Missouri, October 19-22, 1925. The subject under discussion was *Division of Responsibility Between Public and Private Agencies for Public Health Nursing Services*. Mrs. Churchill Humphrey's paper on *The Point of View of the Contributing Citizen* at this session was printed in the January number.

THE correlation of official and unofficial agencies in a public health program has been the object of much discussion in this Association, and I am assuming as a hypothesis certain conclusions at which I hope we have arrived, namely:

That responsibility for the various services in a health program rests ultimately with the official agency

That for a long time to come, we will have need of an unofficial agency

That in the meantime there is a joint responsibility toward a common objective (a complete health program) in which public health nursing plays an important part.

The next step in the discussion would seem to be, to whom belongs what, and the necessity (if we keep in mind our common objective and joint responsibility) for building up proper and workable relationships.

The fact that this topic for discussion has been planned leads us to surmise that there are certain gaps in our relationships and that we still need to do something to augment and stimulate a better relationship between public and private agencies. I believe there are three fundamental factors which are essential to accomplish this:

First, an honest desire to get together, faith in each other and tolerance of the shortcomings and handicaps of each group.

Second, we must have more knowledge and information relative to the programs and problems which affect each group and, consequently, both groups, with the idea of a better understanding of the whole situation and whole need.

Third, the necessity of some medium or

correlating machinery upon which we can depend for bringing groups together for discussion of plans, projects, standards of work, etc.

Much of our success in public health nursing depends upon these three factors, each of which is essential to the other and dependent upon it.

Taking These Factors

The first factor usually means a definite change of attitude one to the other. We are all familiar with the attitude of many private agencies to public health officials or agencies. We have seen much doubt in the minds of this group toward the ability of the official public health group to carry out public health programs successfully. They have assumed a sort of "holier than thou" attitude. They have doubted the good faith of the public officials, and largely because of these doubts there has been a tendency to hang on to work long after it might well have been turned over to the public agency.

Primarily, it has been the principle of private agencies that much of their work should eventually be turned over to public groups, and their plans and accomplishments were means to an end. Unfortunately, it has too often happened that the work became an end in itself, largely because of the attitude of one group toward the other.

Conversely, the public agency and, perhaps, more specifically the officials, have sometimes doubted the relative

value of the private health agencies in the public health field. They have looked upon private agencies as philanthropical and possibly fanatical.

As time goes on, these attitudes one to the other are definitely changing, but we have a long way yet to go. Progress has been made in turning over work to public agencies, and we see these agencies carrying an ever greater portion of the load. This very fact leads us to believe that there is a better relationship between the private and the public group, but in many instances we still need a mental right-about-face.

Second—We must learn to think in terms of needs in public health nursing as a whole, whether it be in relation to any specific community, county or state. Naturally, in the beginning we become interested in one or other phase of public health nursing and, because of our tendency toward one-track minds, we have too often pursued one track religiously with the consequent danger of seeing it entirely out of proportion to the whole. We can not build up our relationships until we put our individual interests and needs into proper proportion to the whole need. To see public health nursing as a whole, and our portion as only a part of that whole, is fundamentally essential to building up sympathetic relationships between public and private agencies. Thinking in terms of the whole need brings us closer together in considering problems of needs, such as the adequate supply of nurses, the standards of nursing, etc. This increased knowledge of each other's problems looked at from the point of view of *joint* needs is tremendously important if our relationships are to be built up on a good foundation.

Third—In order to stimulate this change of attitude in relation to the whole question of public health nursing service, we must provide some definite method of getting together. This usually means that we must have some mechanical structure around which we can build our joint programs and dis-

cuss our joint problems. Joint committees, Health Leagues and Federations have already indicated a recognition of this requirement.

A Striking Example

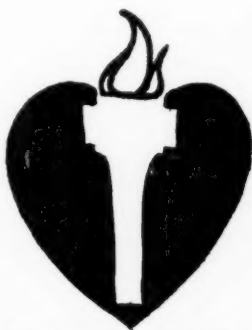
I should like to cite one of the things that has happened in St. Louis bearing upon the three fundamentals that I have outlined. We have in St. Louis what we think is an excellent Community Council with different departments bearing upon different subjects. One of these is the Health Department, to which belong the various agencies operating in the city of St. Louis, and to this department we bring our various problems for discussion. It has long been felt that one of the specific needs of nursing in St. Louis was a more adequate municipal nursing staff, and last year the Council, at the request of the Municipal Nurse Board tried to bring about an ordinance which would provide ten additional nurses for their staff. This was effected through a committee to the Health Department of which the president of the Visiting Nurse Association was the chairman. As chairman of the Health Department committee—not in her capacity as president of the Visiting Nurse Association—it was her job to organize and engineer the necessary measures to provide for an increase in the municipal nursing staff. It was a tremendous task and necessitated the joint efforts of agencies interested in public health nursing in the city of St. Louis. It was with a good deal of satisfaction that we succeeded in getting an ordinance and an appropriation for ten additional nurses in the year 1925. This was largely accomplished through the Committee of the Community Council, plus the knowledge of the need of all nursing groups for the extension of the municipal service, plus the faith of the private agencies in this public health agency. I doubt whether this could have been accomplished excepting by recognition and use of the three factors I have outlined.

Summing Up

To sum up I believe that the relationship between public and private agencies in a public health nursing field is built up by the desire for coöperation; a proper attitude one toward the other, and increased knowledge of the value of both, which means changing ideas in many instances; and a mechanical structure composed of both groups which provides a neutral

place for the discussion of the whole situation. Of these three, I believe that by far the most important is the attitude of one group toward the other and the desire to serve the community through the joint efforts of both in a single effort. In the words of the motto of the National Organization for Public Health Nursing, "When the desire cometh, it is a tree of life."

SECOND ANNUAL MEETING OF THE AMERICAN HEART ASSOCIATION



The American Heart Association held its second Annual Meeting in New York City on February 1. The Association has been admitted as a member of the National Health Council, and at present has offices with the National Tuberculosis Association, but retains its own identity. The president explained the present relation of the Heart Association to the National Tuberculosis Association as an experimental one. There has been a movement recently towards combining local tuberculosis associations with local heart associations. Tuberculosis societies can often advantageously carry on the interests of the heart societies in their local units. The New York Tuberculosis and Health Association has combined with the New York Heart Association in this experimental merger. Several cities have entered into interesting working arrangements of the same type. It was suggested that this would work out very well in the case of tuberculosis convalescent homes, which with slight adjustment of provision for care could provide beds for heart cases.

During the past year the Association has arranged for the publication of the *American Heart Journal*, published bi-monthly, of which two numbers have been issued. A bi-monthly bulletin giving general information is also published. Charts, posters and lantern slides have been prepared, and reprints and leaflets published. It was interesting to hear that conferences and talks were given during the year to a large number of state and other group meetings of nurses.

The Association will take part in the program of the American Health Congress in Atlantic City in May.

The following officers were elected:

President, Dr. Joseph Sailer, Philadelphia.
 Vice-President, Dr. James B. Herrick, Chicago.
 Secretary, Dr. Robert H. Halsey, New York.
 Treasurer, Dr. Paul D. White, Boston.

As we have before mentioned, information, or lists of the very interesting and valuable pamphlet and leaflet publications of the Association may be obtained from the Executive Office, 370 Seventh Avenue, New York City.

HOME OF THE MIDDLETOWN, CONNECTICUT, D. N. A.

The seventeenth of the series depicting the homes of voluntary, municipal and state public health nursing organizations.



The interest of a nurse, who pointed out to a group of representative women the need and great value of district nursing, was responsible for the organization, a little more than twenty-five years ago, of the District Nurse Association of Middletown, Connecticut.

The first nurse was engaged in November, 1900, after the young society had managed to collect \$620 toward its work. By the next year another nurse was needed to answer the ever-increasing calls. In the third year of its existence, the confidence of the public in the Association was manifested by the gift of the first endowment fund of \$1,000. Gifts in the following years have brought the endowment fund to the total of \$29,307.08. There are now twelve nurses. In 1925 they made 18,855 visits as compared with the 3,111 visits made during the first year and the 9,453 visits in 1912, when there were but three nurses.

In the twenty-five years of its history, the Association has had but three presidents, three secretaries and two treasurers. One director of nurses has served for ten years.

Since 1908 the Association has taken charge of the sale of Christmas seals, realizing nearly \$1,000 from this one year. In 1909 the head nurse went into the public schools and was so successful in demonstrating her usefulness there that a school nurse is now regularly employed, although she now works under the Board of Education. Infant welfare was first specially stressed in 1915, and two weekly baby conferences were established. This naturally resulted in more attention being paid to expectant mothers and eventually to the child of preschool age. In 1919 the Association was called upon to supply a nurse for a factory. There she took care of first aid calls and also made some calls in the homes. Considerable attention has been given to tuberculosis since 1918, although a generalized program instead of specialized work is now being carried out at a considerable saving of time and expense.

New avenues of service are constantly opening up. Within the past two years the Association has been asked to put a nurse in the public

schools of the nearby towns of Middlefield and Portland and to give a weekly examination to the children in the Day Nursery. The State Hospital has requested training in district nursing for the nurses in its training school.

In 1917 a public spirited citizen presented the Association with an automobile. Three more cars have been acquired since then.

One of the greatest aids to the efficiency of the Association is the

Memorial House which became headquarters for the work in 1919. This was the gift of friends and is furnished, equipped and maintained by the Memorial House Fund. Its value in supplying offices for the staff, a meeting place for the Board and for committees, a central station for conferences of various kinds, as well as a place to store supplies and file valuable papers and records, can scarcely be overestimated.

WOMEN'S INDUSTRIAL CONFERENCE

It was very interesting to be one of the delegates to the Women's Industrial Conference held in Washington January 18-21 under the auspices of the Women's Bureau, Department of Labor. First, from the angle of general interest in the subject, and, second, from the health angle. Almost every speaker, whether representing employer, personnel management, organized labor, the individual worker, educators or representatives of women's organizations, recognized the importance of protecting the health of the woman worker. She must be protected in youth so that she can meet the responsibilities of motherhood and home-making and in mature life as she is usually carrying a double burden as home-maker and wage-earner. If she is employed during child-bearing periods then the responsibility of all concerned is doubled. Some of the speakers affirm that women are the most exploited group of workers, due mostly to the fact that they have never organized to any great extent, and also because in a large measure they are new in the field.

In the discussion on legislation for women there was great difference of opinion as to the advantageous approach—whether it should be for women alone or for men and women together—the National Women's Party, in the minority but quite in evidence, being in favor of the latter.

Dr. Alice Hamilton, Professor of Industrial Medicine, Harvard Medical School, gave an intensely interesting paper on industrial poisons. She said that women in industry are much less exposed to poison than men. She spoke briefly of the dangers of lead poisoning, and described in detail the dangers of the use of poisons in solvents used in making all sorts of surface finish. Wood alcohol is a slow but continuous poison and denatured alcohol is also dangerous when it contains 10 per cent or over of wood alcohol. Among the more dangerous materials used at present is the coal tar solvent, known as benzol. This is used in the car factories, automobile industry, manufacture of rubber goods, etc.

A new poison that has already caused five deaths is contained in a luminous material used in making illuminated clocks, watches, and other dials. Dr. Hamilton said that it was a great handicap that the U. S. Public Health Bureau did not have a sufficient budget to do more research work in the field of industrial poisons.

One other fact that was of great importance to those interested in women in industry was the statement that women are more susceptible to illness than men, and that 73 per cent of illness in the industrial women is in the younger group.

Among the outstanding speakers at the Conference were: Miss Mary Van Kleeck, Director of Industrial Studies, Russell Sage Foundation; Miss Mollie Ray Carroll, Professor of Economics, Goucher College, Baltimore, Maryland; Mrs. Robert Speer, President National Board, Young Women's Christian Association, New York; Miss Mary Koken, silk weaver, and many others.

ELIZABETH ROSS, *Delegate from the Massachusetts State Nurses Association.*

UNIFICATION OF PUBLIC HEALTH NURSING SERVICES IN NASHVILLE, TENNESSEE

BY IVAH W. UFFELMAN

Director, Nursing Service, Nashville Council for Public Health Nursing

The fifth of the series on Amalgamation or Federation of Public Health Nursing Services—"How Evansville, Indiana, Federated Its Nursing Services," in June, 1925; "Reorganization of Public Health Nursing in Dayton, Ohio," in October, 1925; "Reorganization of Public Health Nursing in Akron, Ohio," in December, 1925; "Reorganization of the Charleston, West Virginia, Public Health Nursing Service," in February, 1926.

IN 1923 the Nashville City Health Department, with a generalized nursing service, undertook, in connection with the department of nursing education of George Peabody College to bring about a unification of the public health nursing services operating in the city at that time. For some time it had been apparent that there was duplication of effort in some fields, particularly that of bed-side nursing.

At a conference of representatives from the City Health Department, George Peabody College, Department of Nursing Education, and the Metropolitan Life Insurance Company, a private organization, The Council for Public Health Nursing, was created.

The Board of Directors has representatives from the following agencies:

- George Peabody College
- City Health Department
- Metropolitan Life Insurance Company
- Vanderbilt Medical School
- Vanderbilt Nurse Training School
- Local Chapter American Red Cross
- Council of Jewish Women
- Meharry Medical College
- Charities Commission
- Community Chest
- Every denomination in the city operating settlement houses.

The additional members of the board are chosen from the community.

In order to ascertain the best form of organization and the most efficient method of procedure, the council conducted a demonstration in a small area of the city, the demonstration serving as a teaching field for the students in the public health nursing course of George Peabody College. Its value and success was so well proved that at

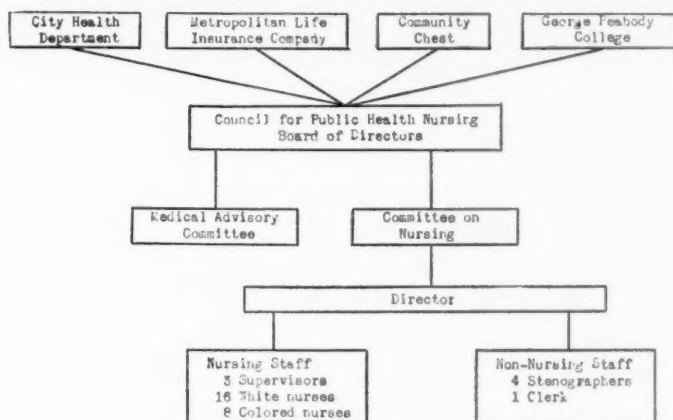
the end of one year the council began operating on a city wide basis.

The work is greatly decentralized, nine branch offices being located in settlement houses. One district serves as the teaching field for the public health nursing students of George Peabody College. Undergraduate students from Hubbard Hospital are given three months public health experience in the teaching field. Each center has a loan closet completely equipped by the Local Chapter of the American Red Cross. Well baby and prenatal clinics are held weekly in each district. Chest clinics for tuberculosis contact cases are held weekly in four centers and nutrition classes are held in connection with the chest clinics. A venereal disease clinic is held weekly in the central office, with treatments given daily.

One nurse acts as a connecting link between the City Health office and the Nursing Service. All births, deaths and communicable diseases registered with the Health Department are reported to the Nursing Service daily. The main office is located in the Department of Health building.

The records, uniform, salaries, sick leave, vacations, and hours of work have been standardized. Daily meetings are held between the staff and supervisors, weekly meetings between supervisors and director, and general meetings of all nurses are called every two weeks. Bags and nursing procedures are uniform.

Our financial support is derived from the Nashville City Health Department, the Community Chest, Metropolitan Life Insurance Company.



The appropriation from the city comes in the form of supplies and personnel. A definite amount is agreed upon when the Council budget is made up at the beginning of the year. There is no restriction, however, as to how supplies are to be used, or as to the work of the nurses.

The service has a sliding scale of fees ranging from nothing to the full cost (80c) of visit. Rooms and upkeep of branch offices are donated by settlement houses.

The staff is composed of the director, three supervisors and twenty-four nurses (eight of these are colored), and the clerical staff.

Generalized nursing is making for increased success. Each district claims "Our Nurse."

Public health nursing in Nashville we believe is now on a firm foundation, thanks to the generous coöperation of everyone concerned in this reorganization and especially to the vision and wisdom of the City Health Officer.

The National Academy of Sciences in Washington, created by an Act of Congress in 1863, at the request of President Lincoln, to advise the government in scientific matters during the Civil War, has launched a movement to endow eminent American scientists and thus relieve them from the necessity of teaching, so that they may concentrate on discovery. A National Research Endowment which will provide an annual income of \$2,000,000 is to be raised by a special Board of Trustees appointed by the Academy. In their published "declaration of convictions" the Board says in part:

Research in all branches of the mathematical, physical and biological sciences should be encouraged, because of the intellectual and spiritual value of adding to knowledge and because the greatest advances in science and in industry often result from apparently useless abstract discoveries.

Scientists exceptionally qualified to widen fundamental knowledge through research are of such value to the nation that every effort should be made to facilitate their work.

The overcrowding of educational institutions and the consequent excessive demands of teaching and administration have further reduced the limited opportunities for research previously enjoyed by the members of their faculties.

STILL MORE NOMENCLATURE

"I want absolute silence," said the teacher, severely, addressing the small negroes in her classroom in a colored school.

"I want absolute silence," she repeated a moment later.

At the third request, one very small girl spoke up boldly:

"Absolute Silence ain't hyar," she said. "She's got de tooofache."

MIDWIFERY IN ALABAMA

By JESSIE L. MARRINER

Director, Child Hygiene and Public Health Nursing, Alabama State Board of Health

The fifth in the series on Midwifery—published in the October, November, December and January numbers.

MIDWIFERY is a time honored institution in Alabama. In slavery days the duties of midwife to the women in the "quarters" were delegated to certain of the more intelligent negro women. Sometimes the owner's family physician was called upon to instruct the midwife in proper methods of procedure but more often the customs and superstitions of the African jungle were handed down among the plantation "darkies" and not infrequently the services of the midwife were extended to the household of the plantation owner without omitting any of the unwholesome customs and weird incantations practiced in the "quarters."

The coming of "freedom" did not appreciably change this state of affairs. The midwife was increasingly called upon to do her best or her worst for women of either color who could not afford or were unable to secure the services of a physician in childbirth.

For two or more generations very little attention was given to the midwife or her operations by well informed persons. Doctors for the most part deplored her activities but regarded her as a "necessary evil" and condoned when they did not actually encourage the superstitious practices of the midwife with whom they came in contact.

Studies in the Counties

Three studies in maternal and infant mortality were made in Alabama by the Federal Children's Bureau during 1918 and 1919; these included an investigation of the activities of midwives and the degree and kind of prenatal and obstetrical care received in cases which resulted in maternal or infant deaths.

Findings of these studies as they related to midwives have been followed

up by the Bureau of Child Hygiene of the State Board of Health. A definite policy of midwifery regulation has gradually taken shape which centers in the county health organizations supported and stimulated by the maternal and infant hygiene program and the vital statistics records of the State Board of Health.

A series of inquiries to which answers have been sought have to a great extent shaped the policies which are adhered to in efforts toward midwifery control in Alabama.

How many midwives are there in the state?

How many deliveries a year do they average individually and collectively?

What are their qualifications and disqualifications?

Are they teachable?

What do the records show as to the probable ill effects of midwifery on mothers and babies?

What legal means have we for regulating the midwife's activities?

Is it practically and economically possible to enforce the legal regulations?

What are the most hopeful possibilities in the field of midwifery control?

The 46 counties studied have no organized health activities and no midwife supervision other than that of the local registrar with whom each midwife is required by law to register her name and occupation and to whom she is required to report births attended by her. She must notify the registrar of deaths unattended by a physician and he is required to notify the coroner or other official who will investigate and report such deaths.

During the six months in question 1,737 names appeared on the roster of midwives in the 46 counties studied. Of these

491 reported no births during the entire six months

540 reported only 1

254 reported 2

174 reported 3

108 reported 4
151 reported between 5 and 9
19 reported over 10.

A total of 3,419 births was reported by midwives, an average of 2 births each.

Some Results

By means of these various types of study the answers to some of our questions came to light.

The number of midwives to be dealt with in a program of legal regulation is a sharply varying figure. Any total listed can be regarded as authentic for only a limited period. Names of new recruits are constantly appearing on the birth records filed each month.

Apparently only one midwife in twelve attends as many as 15 to 30 births a year and only 1 in 6 attends 6 to 8 births a year. Six out of every 12 midwives attend barely 2 to 4 births a year and change places for varying periods with the 3 in 12 who once attended a neighbor or granddaughter in confinement, thus won the title of midwife, and continue to flourish it grandly to the end of their days.

Obviously 70 per cent of the midwife problem might be controlled by regulating the 3 midwives out of every 12 who are doing the bulk of the work.

A careful scrutiny of the birth records for any civil division will reveal the names of the midwives in this group and further reveal it to be a fairly stable group, the same names persisting over long periods and constituting a prolific source of birth records.

A further scrutiny of the records of maternal deaths, stillbirths and deaths in early infancy supplemented by investigation of these cases should reveal any possible connection of a midwife with these cases either before, during or after delivery. The Children's Bureau study of 1918 showed upon investigation numerous instances in which the midwife figured as an accessory unnoted on the record of death.

A statistical study has been made of the records of birth and birth attendants in Alabama for 1924 and of the 1924 maternal and infant death rates for Alabama in comparison with those

of the United States birth registration area and the state of New York.

This comparison is not particularly unfavorable to Alabama on the score of infant mortality but her maternal mortality rate is two points above that



*A Group of Midwives in Covington County—
All of them have had some instruction
and been issued "permits" in the county*

of the United States birth registration area for 1923 and three points above that of New York State. In computing the maternal death rate for Alabama stillbirths are included. They are excluded by the United States Bureau of the Census and by New York State. If the rate for Alabama per 1,000 live births were stated it would be a somewhat higher figure. Facts revealed by the Children's Bureau study referred to above warrant the assumption that lack of prenatal care and frequent lack of adequate obstetrical attention are responsible for this unusually high rate of maternal deaths.

Twenty-eight per cent of all births in 1924 were attended by midwives,

most of whom are unskilled negro women. There are a few unskilled white midwives, including two white men. The remaining 72 per cent of 1924 births were attended by physicians.

A midwifery control program to be successful must include a challenge to the medical profession to render more careful prenatal, obstetric and post-natal service and more effective co-operation with health forces in the supervision and control of midwife activities.

The Alabama Midwife

What of the qualifications of the Alabama midwife? As revealed by personal interviews and group conference 75 per cent are ignorant, well-meaning, not very clean negro women whose most cheerful aspect is the fact that they only occasionally do midwife work. The individual midwife is probably not very presuming in her ignorance and seldom interferes with the natural progress of labor. Perhaps Providence is kind when not tempted too often, for the occasional charges of these poorly equipped women seem to "get by" safely as a rule.

Apparently most of the stillbirths, maternal deaths and tetanus deaths lead back to the 25 per cent group of midwives. The increase in volume of work would lead one to expect this, to say nothing of the natural cupidity which enters in when an unskilled calling is turned into a commercial asset by an ignorant and unethical practitioner.

In every one of the four Alabama cities of seven to ten thousand covered by the investigation of 1918 evidence was found that one or two vicious and filthy midwives, while diligently plying their calling, were leaving in their wake a trail of stillbirths, tetanus deaths, maternal deaths and invalidism from the effects of "child bed fever." In at least two instances there was evidence of criminal practices that were not limited to representatives of the negro race.

At her best the midwife is teachable in that she can learn the lessons pre-

sented to her and recite them, but whether she practices them when not under strict observation is something which no one is able to say.

At her worst the midwife is unteachable, unruly and vicious and constitutes a serious menace to infant life and the lives of mothers.

Legal Measures

Legal measures for the regulation of midwives are reasonably adequate but administrative means of enforcing these regulations are limited to the county health organizations which cover 28 of the 67 counties (more than 60 per cent of the state's population).

The law defines a midwife as any person other than a licensed physician who shall attend, or who shall bargain, contract or agree to attend any woman at or during childbirth. It requires her to apply for a permit before engaging in practice. The authority to issue midwife permits is vested in the County Board of Health.

The State Board of Health is legally empowered to make rules and regulations which have the force and effect of law. A series of ten "midwifery safety rules" has been issued under this act; their aim is:

To secure cleanliness on the part of the midwife

To debar her from making internal examinations and from the use of drugs and instruments

To attempt to define conditions which demand that a physician be called and require the midwife to report the name of any person who is known to be practicing illegally.

In counties having a local health organization the authority to receive applications for and issue midwife permits is delegated to this agency by the County Board of Health. It is then possible to combine educational and supervisory activities with the issuance of permits and exercise effective control by enforcing legal regulations. Without a local health agency it is practically impossible to enforce the law.

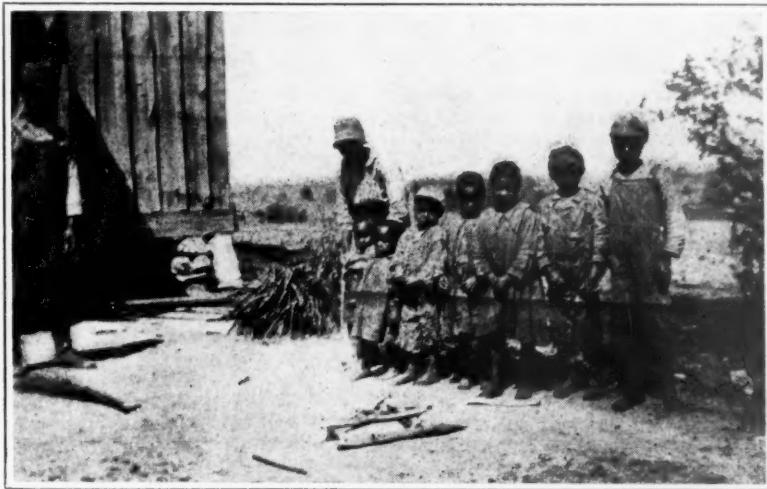
Hopeful possibilities in the field of midwifery control lie in three directions:

1. Measures which may be applied to the midwife herself.

2. Measures aiming at the release of accurate information with regard to midwifery and its control especially among the

midwife is actually a menace to those she is supposed to serve her permit should be promptly withdrawn and if she continues to practice either with or without registering births she should be relentlessly prosecuted.

It is no less necessary to educate the



Seven little brothers and sisters offered by one midwife as evidence that she "knows sump'n 'bout chillens, bofe a-bearin' of 'em and a-kotchin' of 'em"

members of the legal profession and the courts.

3. Measures conducive to enforcement of regulations which may be brought about through coöperation of the medical profession.

The crux of the problem is the midwife herself and the record of what happens to her patients.

A successful program of midwifery control means a first-hand knowledge of the "problem." Constant contact at least once every month with individuals and groups in an effort to teach them as much as possible and to check up as closely as possible on their activities is essential to a knowledge of the "problem."

The issuance of permits for one year only will help in keeping the midwife under control. The additional work is well repaid by the opportunity it affords of exercising regulatory measures.

In the event evidence is found that a

medical profession away from the attitude of shielding the midwife and covering up her mistakes.

Recapitulation

Midwifery has long been accepted in Alabama as a "necessary evil." To find out how "necessary" it is and how "evil," a study of the field and a statistical study of birth records were made. The findings briefly stated are that midwifery practice is apparently necessary in rural sections to approximately 25 per cent of the population. In centers of population it is unquestionably a gross evil. The lesser evils connected with the practice can be controlled through enforcement of legal regulations in rural sections by the county boards of health. The grosser forms of evil connected with it can and should be eliminated by means of court procedure. When the supply of medical service becomes equal to the demand and such service is made available to all groups in the population it will be possible to eliminate midwife practice entirely. As proof of this assertion the fact is cited that it has been accomplished in the city of Birmingham.

HEALTH PROGRAM ADOPTED BY A STATE FARM WOMEN'S CLUB

The health program suggested by the Health Committee of the West Virginia State Farm Women's Club, and adopted at the annual meeting of the club, proposes several constructive projects, one or more of which the committee hopes will be adopted by every Farm Women's Club in the state during the coming year. Miss Helen E. Bond, Field Advisory Nurse of the Division of Child Hygiene and Public Health Nursing of the State Department of Health, has sent us the program with this comment on the annual meeting of the Club.

The health program was conducted during the whole week of the Farm Women's Club meeting. This included physical examinations of practically all the 200, or more, women enrolled; distribution of literature on general health subjects, including, of course, hygiene of infancy, maternity and the preschool child; demonstration of the preschool child health clinics; demonstration of the sterile obstetrical bundle; setting up exercises every morning; inspections of kitchen, swimming pool, etc., by health squad.

The health committee met every day. They were given a viewpoint in regard to public health work in general, and then with the field advisory nurse they worked out the enclosed program which was presented to the group.

PROJECTS SUGGESTED BY COMMITTEE ON HEALTH

We earnestly recommend that each club include a definite health program in the year's work, and that it undertakes one or more of the following projects:

1. Each club member have a thorough physical examination by her physician within the coming year.

2. Community Sanitation:

a. Conduct a sanitary toilet campaign beginning with schools and churches.

b. Conduct a safe water supply campaign, each home in the community safeguarding the water supply.

c. Conduct a campaign to screen against flies in each home in the community.

For above projects get help and information from State Department of Health, Charleston.

d. Make a Community Health Survey (including each home in the community) with object of finding the weak and strong spots in health conditions in the community, according to the Country Life Conference Score Card. Blank forms will be furnished free by the State Department of Health.

e. Have cows of community tuberculin tested. (This is done free by the State Department of Agriculture, Charleston.)

f. Put on a Venereal Disease Educational Campaign. A speaker, movies, and literature will be furnished free upon request by the State Department of Health.

3. Infant and Maternal Hygiene Work.

a. Make and sterilize obstetrical bundles according to the sample and directions sent from the State Department of Health. Sell these for the price of materials used and notify physicians that they are available.

b. Maintain a tent or room at county fair for use of mothers and babies. Suggested equipment, drinking water and sanitary cups, fans, chairs, cot or couch, and health literature.

c. Report names of all pregnant women to the State Department of Health so they can be enrolled in the motherhood correspondence course and receive letters and literature on the care of themselves and the child from early pregnancy until the child is six years of age. Enrollment blanks may be obtained free from State Department of Health.

d. Carry on Pre-school Child Health Conferences (Well Baby Clinics). Write State Department of Health for details. If necessary a nurse will help organize and conduct same.

4. School Work.

a. Cooperate with the teachers in every school in the community to put on an adequate health program. (Literature and programs for same may be secured free from the State Department of Health.)

b. Buy hot lunch equipment and materials. These may be bought through sale of Christmas tuberculosis seals.

c. Buy scales for schools. These can also be bought with seal sale money.

d. Furnish preventive goiter treatment for school children. Request school boards to furnish this. (Get information from State Department of Health.)

e. Assist in having serious physical defects of school children corrected.

5. Cooperate with the Four-H club camp leaders to secure for your county camp a safe water supply, screened kitchens, and sanitary toilets.

6. Work for a county nurse and a full time county health unit.

7. As our goal in years to come, let us keep in mind making conditions in our community such that every person will live at his or her highest possible health level.

"HOME HYGIENE AND CARE OF THE SICK" CLASSES AS A PART OF A VISITING NURSE ASSOCIATION PROGRAM

BY MARY A. COLEMAN

Director of the Staten Island Visiting Nurse Association, Branch of the
Henry Street Visiting Nurse Service

The director and committee of a visiting nurse service usually realize the difficulty of keeping the individual members of a staff, especially where there is practically no turn-over, stimulated to study and new endeavors so necessary to insure success in the public health field. These difficulties are encountered particularly in a service such as ours—a bedside service only, combined with welfare visits. Mothers' clubs and child welfare classes are not undertaken, as there are two other organizations on the island which specialize in this type of work and have well-developed programs. As we truly try to cooperate and to avoid duplication, we attempt to do well only such pieces of work as fall within our particular province.

Our nurses endeavor to teach practical hygiene, sanitation, and prevention of disease in the families where they nurse. Also, of course, they teach some member of the family how to give the nursing care between visits.

The need of reaching more women and instructing them in ways and meeting emergencies, before a physician or nurse can be obtained, is apparent everywhere. Witness the case of the mother who did not know how to treat a severe burn while waiting for a doctor, or the child who was severely burned by the wrong application of a mustard plaster, and so on. We all see daily the results of ignorance of the simplest nursing procedures. This knowledge must be gotten over to the people *before* the accident and the resultant advent of the doctor and trained nurse.

It was with this need in mind that we thought of the Red Cross course.

The chairman of the local Red Cross committee immediately grasped the opportunity of having these classes

developed. Her committee and the visiting nurse association committee joined forces for this project, and we began the classes, which we offered for eight months last year, with the following results:

Ninety-two women and girls received Red Cross certificates. Four of the regular staff nurses taught classes in their districts. Each one of these nurses showed improvement, both in field work, and in realizing the need of study to keep up in the field of public health. Decided talent was discovered for teaching in at least two.

As a result of the knowledge gained in these classes, one man's eyesight was saved because his wife was able to give immediate emergency aid. Other definite instances of the practical application of the subjects taught have been brought to our notice. Several women sought advice in the office long after they finished their course.

One result which should work out for the good of the community is that groups from a district think as a *group* of conditions existing in their districts which bear on the health of the community. Emphasis has been placed on teaching organized groups rather than on organizing groups to teach.

We have had more requests for the classes than we could fill. As we are limited in funds, only a certain number can be carried on at a time.

There are many reasons why it is better for two organizations to pool their resources for a definite piece of work rather than for each to try to develop separately. Some practical advantages have been:

Time saved in being able to use immediately a course which has been standardized through practical usage.

Economy for the Red Cross Chapter. The Red Cross found it was more economical to pay us for a class period than to employ an instructor. No loss to us. The Red Cross

paid us for the class period and all expense, and furnished the equipment.

Definite publicity to both organizations.

A demonstration class in the high school is an added feature of this fall's program, with the hope of a full time teacher of home hygiene employed by the Board of Education, in the school within a year.

Our committee feel that this has been a valuable addition to our program. The Red Cross committee decided it was the most valuable part of their program last year.

The Red Cross knows that the teaching of each class is supervised and that each nurse is qualified to teach. This keeps a standard course taught over the island. Health officials, physicians, and interested citizens can find out exactly what is being taught. We are starting our second year and are enthusiastic. We feel certain that this program educates our nurses and keeps them stimulated, advances the Red Cross contact, and above all, raises the health standard of the community.



No, this is not North Dakota! It is Greater New York. One of the Nurses of the Staten Island Visiting Nurse Association, branch of the Henry Street Visiting Nurse Service, in the recent blizzard

Announcement of subscriptions to the fund for the Russian nurses will be made in the April number. Further contributions will be gladly received.

REPORT OF COMMITTEE ON STANDARD FORMS FOR ANNUAL REPORTS OF VISITING NURSE ASSOCIATIONS

Presented to the Public Health Nursing Section of the American Public Health Association at the Fifty-fourth Annual Meeting at St. Louis, Mo., October 21, 1925. This report will be printed in March number of the *American Journal of Public Health*.

BEFORE submitting the preliminary report prepared by the Committee on Standard Forms for Annual Reports of Visiting Nurse Associations, it seems to me that a brief history of the way in which this committee was organized is in order. At the last meeting of the American Public Health Association, a letter to the Chairman of the Public Health Nursing Section was presented, so pertinent that portions of it might well be brought out here. The writer of the letter believed that it was of the utmost importance for the development of public health nursing in the United States that the annual reports of public health nursing organizations should be drawn up on some reasonably uniform plan. It was felt that such a plan should eventually have the approval of the National Organization for Public Health Nursing but because of the need for help from statistical authorities and the value of support from public health administrators, the Public Health Nursing Section of the American Public Health Association with the assistance of the Vital Statistics Section seemed the logical body to attack this problem.

While this letter came from one visiting nurse organization, others followed with a hearty endorsement of the plan. It was agreed that the work already done by the National Organization for Public Health Nursing on its visiting nurse study would be of inestimable value to the committee, and it was finally recommended that the membership of any committee appointed to consider the question of a Standard Form of Annual Reports should include representation from the National Organization for Public Health Nursing.

It was, therefore, proposed that this committee should consist of six members; two from the National Organization for Public Health Nursing and two from each of the sections of Vital Statistics and Public Health Nursing of the American Public Health Association.

The committee as finally appointed is as follows:

Nursing Section, A.P.H.A. Representatives: Miss Margaret K. Stack, Chairman, Miss Marguerite A. Wales, Secretary.

Vital Statistics Section, A.P.H.A. Representatives: Dr. Louis I. Dublin, Dr. William H. Guilfooy.

N.O.P.H.N. Representatives: Miss Elizabeth Stringer, Miss Harriet Leck.

As it was exceedingly difficult for the members of this committee to meet for discussion because of geographical handicaps, it was necessary to assemble the material for the preliminary report of this committee through conference and correspondence.

The committee in submitting this preliminary report recommends that:

A "minimum report form" be drawn up for small organizations which could form the basis of all reports, the organizations of large cities building upon this skeleton form. It would seem desirable that the committee which draws up such a report form include in its membership representatives from the smaller organizations.

Meantime we ask your consideration of the following preliminary report:

Preliminary Report

Owing to the varied conditions, types of service, and equipment under which visiting nurse associations operate, it would make for better understanding of the work being done throughout the country if a standard form of annual report could be adopted. Such reports should have an accepted statistical foundation which

would make them sound nursing material, available to all workers in the public health field.

Before listing the contents of an annual report, it is necessary to consider the purpose such a report should serve. The following is an attempt in brief to state the purpose and the methods of carrying out the purpose of the annual report:

1. *What is the purpose of an annual report?*

- (a) To account to the public for the uses of the monies received.
- (b) To stimulate a further interest by a portrayal of conditions in the community requiring service, and of results obtained during the past year with the service available.
- (c) To bring about an effective coöperation in community health work throughout the country by an intelligent discussion of statistical data which will be comparable because of an agreement on definitions of certain terms and on methods of compilation and presentation of the statistical material compiled.
- (d) To aid organizations to conserve and direct their resources, by statements as to methods of economical adjustments in rendering services by means of Time and Cost Studies, etc.

2. *How can the purpose be best fulfilled?*

- (a) By a general report from the President and Director stating the principal aims of the organization based presumably on the needs of the community. From the administrator's point of view much assistance could be gained if figures were available in regard to travel, record, and field time. The visiting nurse association is the key group to study morbidity situations, and much valuable data could be prepared by taking groups of diseases and trying to establish a morbidity rate according to age. The layman who is giving his support to such work will find much of interest in figures which show just how far his money will go in meeting the community demands.
- (b) By an outline in brief of the various branches of the service instituted to carry out the aims; for instance, the statement here could contain information as to whether the organization carried solely a staff for acute sickness situations, or whether it included:

Acute Sickness, Chronic Sickness; Maternity; Clinic Service; Health Education; Public Health Teaching. Statistical material should be presented in connection with the various services.

Number of staff apportioned to each service.

Amount of time spent in each service.

Per cent distribution of the entire work among the various services.

Note: This might seem an appropriate place in which to enter a brief survey of the community facilities and a justification of emphasis on any one or more branches of the organization's work.

Number of Cases and Visits:

Age Groups

Nationalities

Morbidity and Mortality Statistics by Disease Groups.

Duration of Visits and Number of Visits by Diseases (see Dr. Louis I. Dublin's Records of Public Health Nursing for a uniform method of tabulation of statistics above mentioned).

(c) *By statement of Budget and Costs:*

A complete statement of budget should be included in every annual report. The items to be included and how these should be entered and defined are covered in the report of the Committee to Study Visiting Nursing. Statistical material based on the suggestions of this report will afford also a detailed study of the costs of various services if an organization is equipped to gather and tabulate this additional data.

In this connection, the following are suggested as valuable and interesting where possible to obtain:

Cost per visit and time spent in each function which nurse performs, *e.g.*, Office, Travel, Assigned Duties, Clinic Work, Field Work—and further, time spent in different types of field work; costs of service time (using such a unit as the hour for a basis)—from this could be readily computed the amounts expended on maternity work, on acute sickness visits, etc.

Type of work accomplished.

Number of visits by type.

(d) *By statement of future plans of work and recommendations for progress of public health work in general.*

MARGUERITE A. WALES,

Secretary.

Careful mother: "Why, Betty, you shouldn't be washing kitty with soap and water."
Well-trained five-year-old: "But I can't lick her, mother."

Entre Nous.

MASTERS OF OUR FATE



Health propaganda, but propaganda in its most imaginative and agreeable form, is the chapter from "Further Adventures of Nils" by Selma Lagerlof, reprinted by courtesy of the publishers, Doubleday, Page & Co., in *The World's Health*. It retails the adventures of two small and rosy faced children of Sweden, who trudged their way through the country from Skane to Lapland on a self-appointed mission. This mission was to find their father and to tell him that the mysterious illness and death which had emptied their home and driven their father, half mad with grief, to the far end of the country, was not, as they had believed, due to the curse of a gipsy woman, because they had befriended a poor homeless woman who had incurred the gipsy's wrath, but to tuberculosis.

Osa and Mats, the small crusaders, for on their journey they told their strange and pathetic story in every farmhouse which sheltered them, learned the truth about their family tragedy when they attended a lecture about the mysterious disease which every year carried off so many people in Sweden. After the lecture they waited outside the hall for the speaker, and described what had happened in their home, asking him for confirmation of their fears.

"Very likely," he answered. "It could hardly have been any other disease."

If only the father and mother had known what the children learned that evening, they might have protected themselves. If they had burned the clothing of the vagabond woman; if they had scoured and aired the cabin and had not used the old bedding, all whom the children mourned might have been living yet. The lecturer said he could not say positively, but he believed that none of their dear ones would have been sick had they understood how to guard against the infection.

It was after this revelation that the children started on their long search to find their father who had last been seen in Lapland.

In every farmhouse to which they were sent there was always a consumptive. So Osa and Mats went through the country unconsciously teaching the people how to combat that dreadful disease.

Long, long ago, when the black plague was ravaging the country, it was said that a boy and girl were seen wandering from house to house. The boy carried a rake, and if he stopped and raked in front of a house, it meant that there many should die, but not all; for the rake has coarse teeth and does not take everything with it. The girl carried a broom, and if she came along and swept before a door, it meant that all who lived within must die; for the broom is an implement that makes a clean sweep.

It seems quite remarkable that in our time two children should wander through the land because of a cruel sickness. But these children did not frighten people with the rake and the broom. They said rather: "We will not content ourselves with merely raking the yard and sweeping the floor, we will use mop and brush, water and soap. We will keep clean inside and outside of the door and we ourselves will be clean in both mind and body. In this way we will conquer the sickness."

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by THERESA KRAKER

FINANCIAL STATEMENT FOR 1925

Based on Auditor's Report

| INCOME | | |
|--|-------------|-------------|
| MEMBERSHIP DUES | | |
| Nurse | \$14,052.00 | |
| Non-nurse | 3,095.00 | |
| Corporate | 2,830.00 | \$19,977.00 |
| CONTRIBUTIONS | | |
| General | \$52,495.71 | |
| Nurses | 3,735.00 | 56,230.71 |
| MAGAZINE EARNINGS | | |
| Subscriptions | \$2,863.25 | |
| Sales of single copies | 122.78 | |
| Advertisements | 8,761.00 | 11,747.03 |
| MISCELLANEOUS EARNINGS | | |
| Sale of services | \$385.30 | |
| Reprints and publicity | 607.50 | |
| Bank interest | 65.90 | |
| Royalties on forms | 206.65 | |
| Refunds and discounts | 116.82 | 1,382.17 |
| SPECIAL FUNDS | | |
| American Child Health Association | 8,266.25 | |
| Total income | | \$97,603.16 |
| Special Financial Study Fund | | \$7,000.00 |
| EXPENSE | | |
| Administration | \$13,212.84 | |
| Accounting | 2,922.05 | |
| Affiliated memberships | 1,055.00 | |
| Educational propaganda | 59.88 | |
| Participation in exhibits | 25.19 | |
| Travel, representation at meetings | 515.26 | |
| General office repairs | 23.00 | |
| Projects: | | |
| Advisory service (includes Library Service and a part of Nursing Service, A.C.H.A.) | 12,286.19 | |
| State organization | 6,454.48 | |
| Education for public health nursing | 7,811.26 | |
| Magazine | 25,514.36 | |
| Membership | 3,405.44 | |
| Child health nursing | 3,308.64 | |
| Clearing house (statistical) | 5,399.42 | |
| Vocational | 8,626.96 | |
| Total expense | | \$90,619.97 |
| Special Financial Study Fund | | \$6,185.29 |

BUDGET FOR 1926

AN ESTIMATE OF GROSS EXPENDITURES

| | N.O.P.H.N. | A.C.H.A. (Nursing Division) | |
|--|--------------------|-----------------------------------|-------------|
| 1. Rent, light, heat | \$5,243.72 | \$252.00 | |
| 2. Office services and supplies..... | 2,608.62 | 240.00 | |
| 3. Telephone..... | 630.24 | 100.00 | |
| 4. Telegraph..... | 225.00 | | |
| 5. Accounting..... | 2,150.00 | | |
| 6. Postage..... | 2,050.00 | | |
| 7. Equipment..... | 223.00 | | |
| 8. Affiliated memberships..... | 1,055.00 | | |
| 9. Reprints..... | 300.00 | | |
| 10. Publicity material..... | 275.00 | | |
| 11. Educational propaganda..... | 105.00 | | |
| 12. Library..... | 1,000.00 | | |
| 13. Magazine..... | 14,060.00 | | |
| 14. Addressograph service..... | 960.00 | | |
| 15. Multigraph service..... | 300.00 | | |
| 16. Travel..... | 6,346.47 | 4,000.00 | |
| 17. Salaries..... | 40,791.00 | 9,914.00 | |
| 18. Interest on loan..... | 408.36 | | |
| 19. Insurance..... | 29.93 | | |
| 20. Convention..... | 2,500.00 | | |
| 21. Grading of nursing schools..... | 2,500.00 | | |
| | <u>\$83,761.34</u> | <u>\$14,506.00</u> | |
| Gross budget including Americal Child Health Association | | | \$98,267.34 |

Less Expected Refunds, Resales and Special Appropriations

| | | |
|---------------------------------|-----------|--------------------|
| Magazine..... | 11,000.00 | |
| Miscellaneous sources..... | 1,000.00 | |
| Convention..... | 2,500.00 | |
| A.C.H.A., Nursing Division..... | 14,506.00 | 29,006.00 |
| Net budget..... | | <u>\$69,261.34</u> |

It is estimated that each project will cost approximately the following amounts:

| | |
|--|-------------|
| Administration..... | \$12,408.18 |
| Accounting..... | 2,630.00 |
| Equipment..... | 223.00 |
| Affiliated memberships..... | 1,055.00 |
| Educational propaganda..... | 105.00 |
| Travel, representation at meetings..... | 250.00 |
| Interest on loan..... | 408.36 |
| Convention..... | 2,500.00 |
| Grading of nursing schools..... | 2,500.00 |
| Projects: | |
| General Advisory Service (includes Library Service)..... | 17,122.71* |
| Magazine..... | 27,275.20 |
| Membership..... | 3,397.68 |
| Nursing Division, A.C.H.A. | 14,506.00 |
| Clearing house (statistical)..... | 4,875.81 |
| Vocational..... | 9,010.40 |

Total gross budget..... \$98,267.34

* Under generalized program this includes Education for Public Health Nursing and State Organization Services.

You will see on reading these two pages of figures that they represent all moneys received and expended by the N.O.P.H.N. during the last fiscal year. This report is not a balance sheet. It does not contain a statement of assets

and liabilities which must include a great many figures unintelligible to any one not an accountant or intimately acquainted with the financial end of any business. We feel that this simple statement of actual cash received and

spent during the year will better answer the questions regarding income and the apportionment of this income to the various branches of work, which most of our members want to know.

In analyzing the report, you will notice first of all that we spent \$6,983.19 less than we received. Two thousand dollars of this consists of contributions received in December for 1926. The balance is due to the special generosity of a few friends of public health nursing and the response from our nurse membership to a special appeal sent out in September when we were facing a deficit for the year. As we said at that time, "In addition we are carrying a \$7,000 loan." We are still carrying the loan. That balance of income over expense was needed to meet the two items of bills incurred in December and current January expenses. By vote of the Executive Committee, however, we have started a sinking fund which we hope to add to monthly, for the retirement of at least one-half of the debt this year.

Among the items under "Income," the term "General Contributions" includes appropriations from the Roches-

ter and Cleveland Community Chests and the Laura Spelman Rockefeller Foundation. Contributions now make possible the services of the Organization, while membership dues support the National Headquarters, its general administration and the maintenance of standards as applied to the collection of credentials for eligibility and membership, and the issuance of personnel ratings to corporate members.

Although this is a Convention year, and as such, one of additional expense to the Organization, our members will be glad to learn that certain economies and the savings effected in our "generalized" program make our budget for 1926 \$10,368.76 less than that of the previous year.

The Special Financial Study Fund is administered by the N.O.P.H.N., but is not a part of its regular budget. It is applied to the study of the services of the Organization in relation to the sources of income; the development and presentation of the plan for increased Corporate Membership dues and field visits for interpretation of the services of the Organization.

If there are any points that you do not understand, please do not hesitate to write to headquarters.

THE BIENNIAL MEETING

The American Health Congress marks the five years of coöperation between the great voluntary national health organizations forming the National Health Council. The organizations to be represented are:

American Child Health Association; American Heart Association; American Public Health Association; American Red Cross; American Social Hygiene Association; American Society for the Control of Cancer; Conference of State and Provincial Health Authorities of North America; National Committee for Mental Hygiene; National Committee for the Prevention of Blindness; National Organization for Public Health Nursing; National Tuberculosis Association; United States Children's Bureau; United States Public Health Service; Women's Foundation for Health; American Nurses' Association; National League of Nursing Education.

An aggregate membership of 60,000 is represented in the three national nursing organizations, the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing. Because of the exceptional interest in the Congress, a large attendance from the participating nursing organizations is expected to attend the Biennial Convention held in conjunction with the Congress.

Joint meetings of the three nursing organizations will be held for consideration of general questions pertaining to the profession, and separate sessions for the discussion of nursing specialties.

Features of the program planned by

the American Nurses' Association will be the meetings of the Private Duty, Mental Hygiene, Legislative and Government Nursing Service sections. *Milestones in Nursing*, the *Nursing of People Who Are Mentally Ill*, and *Legislation and the Profession*, are among the topics to be discussed.

The Relation of Education to Nursing Progress will be the theme of the sessions of the National League of Nursing Education.

N.O.P.H.N. PROGRAM

The Nursing Section of the American Public Health Association and the N.O.P.H.N. by joint arrangement will present on Thursday, May 20, at 2:30 P.M., *The Graphic Presentation of Public Health Nursing*.

May Ayres Burgess, Ph.D., Director of the Joint Statistics Bureau of the Committee on Dispensary Development, New York City, will bring to this session a broad interpretation of the entire method of presenting public health nursing in a graphic way by means of charts and diagrams. Louise Tattershall, N.O.P.H.N. statistician, will discuss briefly the foundation of graphic presentation, using Records as her talking point. The actual use of graphic presentation will be described by Mary Dempsey, statistician of the Syracuse, N. Y., Health Demonstration. Sophie Nelson, Director of the Visiting Nurse Service, John Hancock Life Insurance Company, will be the chairman of this session.

Presentation of the Census

Thursday, May 20, from 11 A.M. to 1 P.M. is set aside for a session on *The Taking of the Census of Public Health Nursing and What It Means to the Country*. Mary Augusta Clark, Research Statistician of the Joint Committee on Methods for Preventing Delinquency, for some time consultant statistician to the N.O.P.H.N., will present this subject. Miss Clark sees figures as living things and will bring to this session a vivid interpretation of one of the biggest contributions which has been made to

public health nursing. Speakers from different parts of the country will discuss the results to local nursing organizations of the census findings.

Records

Records, this subject of perennial interest, will be discussed in the light of the study of the past year. Mrs. Mabel Curran deBonneval, Statistician of the Henry Street Nursing Service, will report on the progress of the N.O.P.H.N. Records Committee. It is hoped that a number of tentative working forms will be ready for distribution at this session. Miss Mabelle Welsh, Assistant Director of the East Harlem Nursing and Health Demonstration, will lead this discussion.

Emma Winslow, Ph.D., Publicity and Research Secretary for the Child Health Demonstration Committee, who has an intimate knowledge of the needs of organization and nursing services in regard to records, will preside at this session.

Rural Nursing

A conference on Rural Nursing is arranged for Friday, May 21, at 2:30 P.M. Two questions which are pertinent to county service and to services in small communities with scattered population will be discussed.

How Public Health Nursing and Social Work Can Be Dovetailed to Meet the Needs of Rural Life and Conditions will be carefully considered. The second part of the program will be *What Can Be Done to Insure a Greater Permanency for County Public Health Nursing?* Jane Allen, recently appointed Director of the N.O.P.H.N., who has a wide knowledge of and interest in rural work, will preside at this session.

Trends in Public Health Nursing Education will be the subject of one session. University and college post-graduate courses, staff educational programs and preparation through basic training, will be discussed.

Katharine Tucker, Superintendent of the Philadelphia Visiting Nurse Association, and Chairman of the

N.O.P.H.N. Education Committee, will preside at this session.

Other topics of discussion will be *The Normal Pre-School Child*, *What Industry Expects of the Nurses*, and *What the Nurse Can Give to Industry*. There will be a special session arranged by laymen at which the *Fundamentals of Public Health Nursing Organization and the Relationship Between National and Local Organizations* will be considered.

GENERAL INFORMATION

Transportation

A reduction of one-fourth round trip fare has been granted on the various trunk lines. This is a certificate plan and will apply to members attending the American Health Congress.

Be sure you request a certificate, when you purchase your ticket. Tickets at the regular one-way tariff fares for the going journey may be obtained only from May 13 to 19 inclusive. *Be sure* you have your ticket validated immediately upon arrival at Atlantic City. Validating dates are May 18 to 21 inclusive. Further information on transportation will appear in the April number.

Registration

Registration of members and guests will take place on the Steel Pier. The registration booth of each organization will be plainly indicated. Registration has been planned to take a minimum

amount of time this year, and members and guests are urgently requested to register early. The registration office will be open the first five days of the Convention at 8 A.M. The fee is \$1 per registrant.

If you are a member of the N.O.P.H.N. we are eager to have you register as such, whether you register as a member of other organizations or not.

A visible file back of the information desk is so arranged that it will be possible to locate at any time those attending the Convention.

Exhibits

You will want to visit the exhibit on the Steel Pier. In 150 booths there will be displayed scientific books, clinic and hospital apparatus, foods, nurses' uniforms, etc. The official booths of all participating agencies have arranged attractive educational exhibits.

The N.O.P.H.N. booth will present graphically the distribution of public health nurses and organizations employing public health nurses.

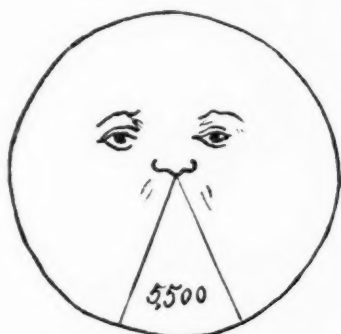
Headquarters

The N.O.P.H.N. headquarters is The Breakers Hotel. We are advised that reservations are being made and half of the available rooms have been reserved. Reservations must be made early. For other hotels, on both the American and the European plan, we refer our members to the information folder of the American Health Congress, sent to each member.

MEMBERS, MEMBERS AND MORE MEMBERS

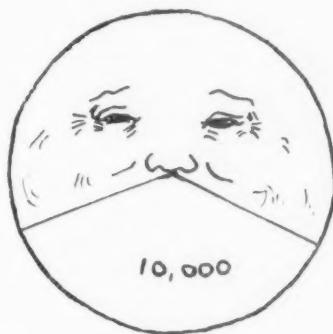
Most of us, at one time or another, have stumbled upon the homely truth that two pigs under a gate make more noise than one pig. It is the underlying philosophy of present day organization. Numbers. The more voices to swell the chorus, the more attention can be commanded. It is one of the reasons why we have a National Organization for Public Health Nursing, so that Mary Smith, Public Health Nurse of Whatnot Community, may hold out for certain standards of performance because some five thousand others are saying with her, "These things must be thus and so." One cannot so easily be deaf to the four thousand nine hundred and ninety-nine others, and what if their number were increased to ten thousand! Ten thousand working for the best promotion

of public health nursing and in so doing working for *your* interests! The strength of your N.O.P.H.N. is the strength of our membership body. You, who are one of these five thousand, help to double this number. Bring in your friends and your friends' friends. The complete list of members is to be published in the *April* issue of THE PUBLIC HEALTH NURSE. This means that names and dues must be in at National Headquarters, 370 Seventh Avenue, New York City, by March 15. How many new members can YOU bring in?



Total membership 1925

Let's
Increase
that
Membership
Smile



1926?

A list of Summer Schools and Institutes open to public health nurses will be printed in the April magazine. In order to give as full a list as possible, we should have immediate information on these courses.

UNCLAIMED MAIL

List of members and subscribers whose mail has been returned and for whom we have no better address:

| <i>Name</i> | <i>Address</i> |
|---------------------------------|---|
| Ashton, Alice Maude..... | 1615 East 75th St., Cleveland Ohio. |
| Bacon, Helen M. | 35 Elm St., New Haven, Conn. |
| Beardsley, Mabel | 34 Baker St., Saranac Lake, N. Y. |
| Blunck, J. Louise..... | 615 6th St., South, Nampa, Idaho |
| Borden, Carrie L. | 492 Rock St., Fall River, Mass. |
| Borella, Anita | S. 223 Lincoln St., Spokane, Wash. |
| Boyle, Katherine F. | 234 Pine St., Providence, R. I. |
| Bringgold, Eloise M. | Box 430, Mankato, Minn. |
| Brooke, Mary | Campbellsville, Ky. |
| Burnett, Irma A. | 222 W. Main St., Chanute, Kan. |
| Coulter, Beulah Belle | 304 Ridgeway St., Clifton Forge, Va. |
| Cunningham, Maude M. | East Allendale Ave., Box 23, Allendale, N. J. |
| Chalfont, I. C. | 308 E. North Ave., Pittsburgh, Pa. |
| Collins, Pearle | Peabody College, Nashville, Tenn. |
| De Puy, Mrs. Calva Ofstrom..... | 523 Kelly St., Wilkinsburg, Pa. |
| Donnelly, Julia M. | 716 5th St., San Bernardino, Cal. |
| Evins, Lillian W. | 4576 Choteau Ave., St. Louis, Mo. |
| Ferguson, Margaret E. | 52 6th Ave., Brooklyn, N. Y. |
| Frisbie, Una B. | 1081 Fair Ave., Columbus, Ohio |

| <i>Name</i> | <i>Address</i> |
|---------------------------------|--|
| Gannon, Mrs. Laura A. | 686 Chalkstone Ave., Providence, R. I. |
| Gorman, Helen M. | 179 Joralemon St., Brooklyn, N. Y. |
| Johnson, Mrs. Dorothy M. | 267 Dwight St., New Haven, Conn. |
| Johnson, Lillian P. | 757 High St., Newark, N. J. |
| Jorden, Julia A. | 8997 Ann Court, Cleveland, Ohio |
| Keefe, Mrs. Marion F. | The Chapmaan Valve Mfg. Co., 203 Hampshire St., Indian Orchard, Mass. |
| Kennedy, Flora A. | 1922 B. Church St., Nashville, Tenn. |
| Keough, Mary F. | 79 W. Alexandrine, Detroit, Mich. |
| Lawrence, Christian Helen | 2326 W. Firth St., Philadelphia, Pa. |
| Lee, Mary L. | Alexandria, Minn. |
| Mattice, Marguerite | Ancon Hospital, Ancon, Canal Zone |
| Matts, Minnie Mae | Court House, Waukesha, Wis. |
| McVey, May | 106 Morningside Drive, New York City |
| Miesse, Orpha | 406 N. Park Ave., Warren, Ohio |
| Mitchell, Mrs. Bess McGrady.... | 660 Heil Ave., El Centro, Cal. |
| Moran, Florence | 133 Edgington Lane, Wheeling, W. Va. |
| Moshier, Angie | 22 Fox St., Fall River, Mass. |
| O'Flynn, Kathleen | Box 528, Bonne Terre, Mo. |
| Osterhout, Helen H. | 21 Locust St., Rochester, N. Y. |
| Partikian, Nuvart | 59 Ivy St., Elmhurst, L. I., N. Y. |
| Peterson, Mrs. Ethel | 1031 N. Parkside Ave., Chicago, Ill. |
| Quammen, Sena M. | Chippewa Falls, Wis. |
| Randall, Mrs. Sarah Plant..... | No. 1 Harbor Park, Rochester, N. Y. |
| Robinson, Mrs. Mabel..... | 531 State St., New Haven, Conn. |
| Saxton, Mrs. E. C. | 4644 Maryland St., St. Louis, Mo. |
| Scott, Kathleen M. | 201 E. 30th St., Apt. 23, New York City |
| Shiels, Helen C. | 520 West 183rd St., Apt. 64, New York City |
| Sinclair, Helen C. | 155 E. 49th St., New York City |
| Sinnott, Gertrude M. | 224 Pershing Ave., Buffalo, N. Y. |
| Studd, Mrs. Neva | 363 East 12th St., Portland, Ore. |
| Symonds, Mabel V. | 15404 Madison Ave., Cleveland, Ohio |
| Taylor, Susan A. | 313 S. 3rd St., Clinton, Mo. |
| Tennant, Mary Elizabeth | c/o Met. Life Insurance Co., Welfare Division, 1 Madison Ave., New York City |
| Van Den Broek, Gertrude..... | 141 W. 109th St., New York City |
| Vickers, Elizabeth C. | 304 West 111th St., New York City |
| Vining, Ola | 986 Longmeadow St., Longmeadow, Mass. |
| Vogel, Laura P. | c/o Mrs. Bosworth, 30 Henry St., Norwich, N. Y. |
| Voris, Florence | 1200 Sacramento St., San Francisco, Cal. |
| Wadsworth, Lettie | 312 East Third St., Bloomington, Ind. |
| Wallace, Catherine | 890 Bl. Diamond St., Pittsburg, Cal. |
| Wallace, Mrs. Helen McKeever... | 256 Mott St., New York City |
| Warner, Hildagrace | 2229 East 93rd St., Cleveland, Ohio |
| Welch, Frances E. | 16 Luke St., Bloomfield, N. J. |
| Wells, Johanna Mildred | Eastern Long Island Hospital, Greenport, L. I., N. Y. |
| Wetherald, Dorothy Phelps | 60 West 10th St., New York City |
| Whited, Helen | 11 Crystal Ave., Springfield, Mass. |
| Zeller, B. F. | Box 279, Holden, W. Va. |

RED CROSS PUBLIC HEALTH NURSING

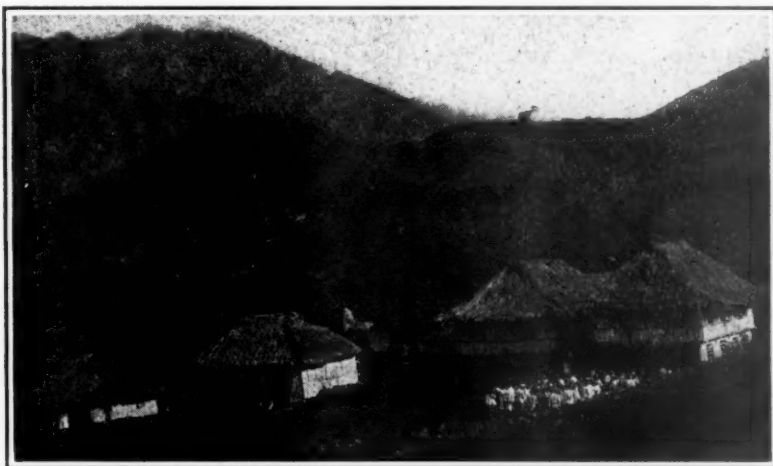
EDITED BY ELIZABETH G. FOX

THE PHILIPPINE ISLANDS CHAPTER

"Draw a straight line from Portland, Me., westward to the shores of Lake Huron; then south to Birmingham, Ala.; then east to Jacksonville, Fla.; then north to Portland, Me., and fill the space enclosed with 7,083 islands and islets, some large and

translated means "million leagues" because the fragrance of its flower is very distinct even at a far distance.

Picture them traveling in the "barrato," the most common means of transportation in the far provinces, which, writes Miss Manongdo, one of the nursing field representatives:



An Igorrote School

populous, containing rich agricultural areas; some mountainous, containing valuable timber and mineral lands; some small and unnamed mangrove swamps, rocky islets and coral reefs. People these islands by 12,000,000 people speaking 15 dialects"—and you will have a sketchy picture of the Philippine Islands Chapter.

Working among these 12,000,000 people are 54 Red Cross public health nurses, who are literally messengers of health to their own people.

Picture them working among:

Many tropical plants characterized by flowers which do not look attractive but have sweet smells, the green or greenish-yellow ilangilang flowers growing in clusters up in the tree, looking like leaves from a distance but whose fragrant smell is very noticeable, or the tree "milleguas," which

I have used often during my visits to the nurses in the field. In Agusan, Saman, Cagayan and Isabela, one has to travel in these little wooden paddling canoes as many of the places where nurses go are not yet provided with good roads. The barrato is about two and a half yards long and about three-quarters of a yard wide. It is usually paddled by one or two men. Despite the inconvenience of the cramped position we usually enjoy the trip. The beautiful scenery of the river banks makes one forget the discomfort and we reach our destination before we realize it.

Picture the director of this service, Miss Besom:

Traveling for three days on horseback over a narrow rocky, muddy, mountain trail to reach Kabayan. We spent one night in Ambuklao where we slept in the home of the most influential Igorrote in the town, one night in Bocod where we slept in the presidencia, and reached Kabayan at the end of

the third day. In Kabayan we lived in the Philippine Health Service dispensary and had our meals at the home of the Secretary-Treasurer. The trip was interesting and exciting.

Glimpse the conditions through the following excerpts from another report written by Miss Besom, and you will have a partial idea of this service:

In Kabayan Miss Abelgas and I spoke to the teachers and all of the pupils. Inspection of children of the first grade was made and it was interesting to find when we made out Record Form 836 that the school children have no family name. When they are baptized they very often take the name of some American with whom they have been closely connected. One, therefore, occasionally finds Igorrotes bearing such names as Smith, Brown, and the like.

Practically all of these children have wonderful teeth. Among the 34 inspected, a number of cases of yaws were found. There were only a few cases of skin disease and though a number of cases of conjunctivitis were found there was but little true trachoma. Simple goiter is very prevalent in this section. Dr. Carino stated that the ill effects appear to be negligible and that while goiter develops in many girls at the age of puberty, it very often disappears after a few years. Goiter is more frequent among the girls than the boys. The posture of all the children is excellent. Their nutrition is fairly good. The food they eat is largely rice and camotes which they consume in prodigious quantities usually not more than twice a day. Igorrote children are bright, alert and responsive. They show no fear or shyness. The older children were very courteous to us and while the younger ones could not understand much English, they never failed to say "good morning" and "goodby."

One of the provincial nurses writes:

I was called to attend a delivery case in a barrio six kilometers distant from the town. There were three male midwives in attendance. The house was packed with visitors and amidst them reclined the newly delivered patient, supported by a dozen hard pillows to almost sitting position. The midwives were hovering around her, talking, whispering, gesticulating and doing everything except what was good and proper. The patient was restless and wild when we arrived. The president ordered the people away so that I could reach her. The woman had a distended bladder and was suffering much pain. They had applied cooked mashed green leaves and blistered the abdomen with dry cupping without success. I at once asked them to boil water and then

catheterized the patient. I explained to the "midhusbands" the merits of asepsis and the necessity for this treatment.

I removed the leaves applied to the patient—about two baskets of them—gave her a cleansing bath, removed the pillows and made her comfortable. Everybody was pleased with the result of my work and gave me praise and thanks. The president, the sanitary inspector and I spoke to the people who were anxiously waiting outside.

The Philippine Nursing Staff

The public health nursing staff of the Philippine Chapter in addition to the director now consists of three nursing field representatives and one supervisor of the Manila nursing staff, who also acts as instructor in the Public Health Nursing Course of the University of the Philippines, 12 public health nurses in Manila and 38 nurses in the provinces. With the exception of the director all the staff are native born and as far as possible are assigned to the provinces whose dialect they speak.

One might suppose that a public health nursing service operating under tropical suns and among people with age-old folk-ways, would differ very greatly from a service operating in the stimulating ozone of the United States and among a people accustomed to a deluge of new ideas and given to trying experiments.

But as a matter of fact if we were to talk to one of these Chapter nurses we would find that the greatest dissimilarities between her work and ours lay in the physical aspects—carabao and barrato* where we have horses and automobiles for transportation; trails and open seas where we have roads and bridges; the bark of the banana tree substituting for the ever necessary rubber sheet and newspaper. Where we face the problem of persuading mothers to use milk for the growing children, she faces the problem of there being no milk at all. Where we labor to show people the value of the scientific help at their disposal, she is overwhelmed by requests for medical assistance. Doctors in the outlying provinces are few.

As instances of the adaptation which

* Carabao (the water buffalo); barrato (the wooden canoe).

these nurses have effected, one learns with admiration that

Our provincial nurses are advocating individual drinking cups both for the school children and the family. As many of the people cannot afford to buy drinking glasses or porcelain cups or if they can afford them, cannot find these things in the municipalities or in the barrios, we are advocating the use of cocoanut shell cups which can be easily secured all over the country. Any individual can make these easily. This assures us the right to demand the use of individual cups at home and in school. . . .

The bamboo tongue depressor is used instead of the wooden depressor. We think they are just as good. By using them, we cut our expenses—bamboo being found everywhere and easily prepared. Of course, before they are used they are sterilized.

The nurses use as substitutes in their nursing work cocoanut shells and joints of bamboo for cups, toothbrushes made of beetlenut husks, the bark of the banana tree instead of newspaper for soiled dressings, the stems of the papaya tree for rectal tubes.

The banana leaf serves many purposes, writes Miss Besom.

The Filipinos use it to carry their fish, meat, fruit, home from the market. A Filipino woman sends her child to the store for two centavos worth of lard and the youngster carries it home on a piece of banana leaf. Out in the provinces, during the rainy season, I have seen men, women and children using the banana leaf as an umbrella. When it is very warm the coheros (or drivers) of the street carriages (carromatas) frequently place a banana leaf under the collar of the horse. The men also place a piece of it inside their hats as it is cool to the head. Young banana leaf is placed on the head when people have a headache. It takes the place of our cold pack. As a matter of fact, the banana leaf is one of the most useful articles in the Philippine Islands. When I first came here I read that the cocoanut had 140 uses. Now I am sure if one started to count the uses of the banana leaf he would find it has just as many as the cocoanut.

Bamboo, like the banana leaf, serves many purposes. In fact the use made of this tree is perfectly marvelous to me. In its infancy it serves for food (bamboo sprouts as you

know are delicious) and then as it continues to grow it seems to be used for everything under the sun.

The requirements for appointment to the Philippine Islands staff are those required throughout the Red Cross public health nursing service. The nursing supervisors have had their special preparation in the United States. The nurses assigned to the provinces are chosen from the students in public health nursing course given at the University of the Philippines.

In Manila the Chapter has established a teaching center in the district assigned to it by the Board of Health. Here all nurses desiring appointment to provincial service spend at least two months. During this period they become familiar with Red Cross policies and procedures while proving themselves capable public health nurses. The experience thus afforded is much appreciated by the nurse in her isolated station where she is visited only once or twice a year by the nursing field representative.

The Philippine Islands public health nursing service is growing—if popular support is a test. The provincial nursing services in many instances were started from surplus war funds—just as was done in the United States proper. There as here the test of public appreciation comes when reserve funds are exhausted. Money in the Philippine Islands is not as readily obtained as in the United States. In one province this year Red Cross memberships were paid in produce, rice, hand-woven dress materials, and the like. Greater then is the significance of 54 nurses supported by Roll Call funds.

H. T.

After two very strenuous years Miss Pansy V. Besom retires as Director of the Nursing Service of the Philippine Islands Chapter and Miss Erma M. Kuhn, for three years nursing field representative for Vermont, becomes the third director.

This Chapter was established in 1919. Under the directorship of Miss Virginia N. Gibbes, the first foundations were laid for a service which has been efficient and popular from the outset. To Miss Besom fell the task of carrying forward its development, which she has done successfully.

Miss Kuhn sailed for Manila January 10.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

RURAL NURSING

Answers to Questions 5, 6, and 7 in the discussion on some problems of rural nursing service. Discussion of the first four questions appeared in the January and February numbers.

Question 5. *What practical methods have been used to obtain standing orders in counties and small towns? Should not nurses in rural communities have standing orders, even if the amount of bedside nursing they are able to do is small?*

Nurses in rural communities or in any field of public health nursing should have standing orders or an understanding with the physicians with whom they are working as to their wishes regarding their patients. Many capable and otherwise successful nurses have been severely criticized for assuming responsibilities not theirs, and they have frequently antagonized physicians to the extent that further coöperation was impossible.

Such orders could be given or approved by the County Medical Society for county nurses. Town or village nurses might be given standing orders by the representative body of physicians in their community or by each individual doctor when there are only a few.—*Division of Public Health Nursing, New York State Department of Health, Albany, N. Y.*

I have always approved of standing orders for all nurses, rural as well as city, and have never encountered any difficulty in getting any such standing orders approved by the rural county medical association. In fact, I would go so far as to say that if standing orders are essential in a city field, they are even more needed for the rural nurse as she comes up against the insistent problem of how to get along without easily accessible medical advice. Furthermore, rural nurses very much need to utilize every opportunity for bringing not only their work but the idea of close coöperation with physicians before the organized medical group. Quite aside from the question as to the amount of bedside nursing which rural nurses are able to do, standing orders are needed in relation to the large amount of instruction and advice given.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

Shall be most interested in hearing this matter discussed.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

It should be generally understood by the physicians of the county that no patients are given care by the nurse except under doctor's orders. Nurses in rural communities can readily get in touch with the physician in charge of a case, making it unnecessary for a nurse to have standing orders. A nurse coming into a new field may learn the attitude of the physicians and present her program by attending a meeting of the county medical society. One of the prime requisites for a successful public health program is to be in harmony with the local doctors.—*Julia L. Groscope, County Nurse, DeKalb County Chapter, Auburn, Indiana.*

Before starting my work I made a personal contact with all the physicians in the county and explained to each one what I was planning to do. This led to an invi-

tation from the President of the County Medical Society to be present at their next meeting.

I outlined to the doctors the policies of my organization and explained the function of the public health nurse and her relation to the physician, emphasizing the importance of some rules and regulations authorized by the medical society to serve as guidance in my work.

A committee on "Standing Orders" was appointed. I was asked to submit an outline of rules and regulations which in my experience I had found workable. As we were inaugurating a County Tuberculosis Program I submitted a rather detailed outline of nursing procedure in order to give the physicians a concise idea of what a public health nurse really does. This outline was duly approved and a copy supplied to each physician by the secretary of the medical society.

This procedure has resulted in excellent coöperation from the physicians.

Even if the amount of bedside nursing done is small, it is advisable for nurses to have standing orders. This is a protection not only to the nurse but to the patient, and serves to maintain a proper ethical standard.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

Question 6. *How can it be arranged to have nurses in city staffs obtain experience in dealing with committees and public agencies in order to prepare them to handle problems and organizations in rural communities?*

Nurses on city staffs might obtain experience in dealing with committees and public agencies by attending staff conferences and giving reports of their work and a résumé of interesting incidences connected with it; by attending conferences or meetings of nurses, social workers and other groups, and by taking part in discussions.—*Division of Public Health Nursing, New York State Department of Health, Albany, N. Y.*

So convinced am I of the great value of the local committee, that I see no reason why even in city fields the district nurse should not have her own local committee. Not perhaps for the purpose of securing local funds, but as an aid to her in her work, and as a means of fostering local interest and backing. I see no reason why this plan should not be feasible and prove of immense help to the nurse. I can think of dozens of ways in which she could keep the members of the committee busy.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

Rural problems are different from city problems and rural people have the happy faculty of weighing and measuring a nurse for her ability to fit in and handle their particular problems. A few weeks' observation in a county with a rural nurse would help to prepare the nurse from the city staff for county rural work.—*Julia L. Groskopf, County Nurse, DeKalb County Chapter, Auburn, Indiana.*

Nurses on city staffs should be given experience in dealing with committees within their own organizations, by sitting in on committee meetings and by being given some actual experience in dealing with public agencies. Affiliation with other organizations which would give the nurse some practical organization experience would be helpful, and would considerably broaden her horizon. Staff nurses having executive ability should be chosen.

When possible, affiliation with a well organized rural nursing service having competent supervision, would prove effective in giving the nurses practical experience.

Discussions on rural organization and problems, given by a well qualified rural nurse to nurses on a city staff might be of some value.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

Question 7. *What types of publicity have been most successful in maintaining the support of counties and small towns in public health nursing services?*

The types of publicity which have been most successful in maintaining the support of counties and small towns in public health nursing service are: newspaper articles

giving reports of work and interesting narratives without reference to names or places; a short article giving an account of the day's work; a wide acquaintance of the nurse herself in her community; by attending all kinds of meetings; addressing school children, women's clubs, Rotary clubs, etc.; by occasional meetings having well known speakers on health subjects, moving pictures and slides and a short address by the nurse herself so she may be personally known; and by very active home visiting.—*Division of Public Health Nursing, New York State Department of Health, Albany, N. Y.*

Publicity in rural work is secured usually by talking before local groups whenever and wherever they may be found, from the Sunday evening church service in the lonely country church to the Rotary Club luncheon in the center of the community. It also pays to have a continuous and regular stream of newspaper publicity, and if each local district committee has a sub-committee on publicity, there is usually no difficulty found in getting all the items printed in the papers which run columns for the villages and towns. Last of all, there is the local bulletin or news letter issued at regular intervals, containing local health news, especially as to the activities of the local committees themselves, which is an extremely worth-while project.—*Jane C. Allen, Instructor, Department of Nursing Education, Teachers College, Columbia University, New York.*

Community organization to interpret the work and to give the community an active part in the health program in order to gain proper understanding of the work, is the best form of publicity possible. Frequent talks before the various groups in the county such as women's and men's clubs, telling of the things being done and why they are done; getting some actual results from work and letting the public see results, through dental surveys, nutritional classes, hot lunches, etc., make excellent channels of publicity; also regular monthly or weekly reports of the work through the newspapers.—*Bureau of Public Health Nursing and Child Hygiene, Portland, Oregon.*

Newspaper publicity in the form of stories is a splendid way to interest people. Talks by the nurse before clubs and groups are also good but the best of all publicity is a good nursing committee, members of which attend the monthly meetings and carry from these meetings the inspiration to spread the reports heard and discussed and who act upon the inspiration. Results apparent to the public also serve as good publicity.—*Julia L. Groscop, County Nurse, DeKalb County Chapter, Auburn, Indiana.*

In rural communities and small towns the most outstanding type of publicity is the public health nurse herself, the character of her service and her ability to impress the community with the value of her work.

Points of special value are:

Keeping the public informed of the work through the local papers with news items relating to the work, such as the reports of the nurse, human interest stories, new activities or projects undertaken, etc.

Talks relating to the work, to the various groups in the community, emphasizing outstanding achievements in connection with specific cases or problems which always prove interesting and convincing.

Dramatization of certain phases of the work is effective in educating groups and convincing them of the value of the work as well as stimulating support.—*Martha Peters, Portage County Chapter, A. R. C., Ravenna, Ohio.*

The discussion on Rural Problems will be concluded in April.

REVIEWS AND BOOK NOTES

BYWAYS TO HEALTH

By Thomas D. Wood, A.M., M.D.,
and Theresa Dansdill, A.M.

D. Appleton and Co., 1925. Price, \$1.50.

Someone, Robert Louis Stevenson perhaps, has said, "Life is too serious a matter to be sober about." This is the spirit of "Byways to Health." The book is good hygiene, physical and mental. Moreover, it is good fun.

The book starts off well with a chapter in praise of the periodic health examination. Its final chapter has a helpful chart and system for mental and physical bookkeeping. Other chapter headings are, Nutrition, Worry, Cheerfulness, Rest and Sleep, Recreation and Exercise, Work and its Relation to Health, Happiness and Handicaps, Nerves, Pirate Beacons, Headaches, Good to Look At. The book itself is good to look at, with its clever full-page silhouettes done by M. Owen. It is a small book, 198 pages, and lightweight. Nurses and doctors will find much in it to help them in health work, though the book was probably written primarily for the layman.

RUTH H. KING

WOMEN POLICE

*A Study of the Development and Status of
the Women Police Movement*

By Chloe Owings

Frederick H. Hitchcock, publisher, 105 West 40th
Street, New York City. Price \$2.50.

We have in earlier numbers recorded the progress of this interesting development in socializing agencies. Miss Owings' new book—with a preface by Lieutenant Mina C. Van Winkle, President of the International Association of Policewomen, and an introduction by Katharine Bement Davis, Secretary of the Bureau of

Social Hygiene, under whose auspices the preparation of the book was undertaken—presents for the first time a comprehensive study of the police-woman and her field in this and other countries, her intimate relation to "preventive and protective measures concerned with individual women, adolescent boys and girls and younger children," the program of work adopted or developed for her in the different countries, and her training. The author states:

Interesting experiments in this field, with varying programs, are being carried on in different parts of the world. It therefore seems important that the influences governing the present development should be recorded. Particularly is this true because, as a social question, "Women Police" is as yet distinctly a movement with all the characteristics of a thing in motion and whose final direction and goal are not yet clearly conceived nor definitely formulated.

Women's clubs, civic organizations and all social workers should know this book, which is the latest of a series published by the Bureau of Social Hygiene.

We have just received the *Report of the Meeting of the International Council of Nurses* in Helsingfors, July, 1925. It should, we think, be accessible to all nurses everywhere as a world-wide picture of the aims and activities of our profession. It has evidently been prepared with loving and thoughtful care. The abstracts of papers and discussions are admirably done, giving in as short and readable form as possible the gist of the program. The reports and preamble give succinctly the historical and business information. In short, Miss Reimann has prepared a volume that none among us wishing to keep in touch with that full development of the human being and citizen in every nurse, which will best

enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her

quoted in the report can afford to miss. It can be obtained from Miss Christiane Reimann at the headquarters of the Council, 1 Place du Lac, Geneva, Switzerland, for the very moderate sum of 75 cents (including postage).

The 1925 *Negro Year Book* published in the interests of the negro has just been published. The aim of these yearly volumes is to present an impartial review of events of the year which show the progress made by negroes and events which affect their interest. This volume also contains an excellent bibliography.

Published by the Negro Year Book Company, Tuskegee Institute, Alabama, paper cover, \$1; cloth, \$1.50.

We publish on page 120 of this number some account of the purposes of Negro Health Week. The U. S. Public Health Service has issued a pamphlet, *National Negro Health Week*, to suggest ways and means to make the efforts of individuals and communities effective. A program for each day is included. Copies may be obtained from the Superintendent of Documents, Washington, D. C., 5c a copy.

The Children's Bureau has prepared a set of six charts on posture standards for boys and girls. The Bureau has also prepared a film on good posture for school children, two reels in length. These films will show the influence of correct posture upon the bony framework of the body and will also show important posture exercises. Both the charts and the film are intended to present fundamentals of good posture to physicians, nurses, teachers and others.

The charts may be secured from the Government Printing Office at 50 cents for the set of six, or 25 cents for the set of three charts showing standards for girls or the set of three charts showing standards for boys.

Responsible individuals or organizations may borrow the film free of charge, provided they pay expressage both ways and agree to be responsible for its return in good condition. The purchasing price of this film may be obtained from the Children's Bureau.

The Path of the Gopatis by Zilpha Carruthers, with an introduction by Dr. E. V. McCollum of Johns Hopkins University, might well be described as the glorification of the cow, the American cow in particular. Published by the National Dairy Council, this little book with its charming drawings by Jessie Gillespie decorating almost every page, is a truly romantic history of dairying from the beginning of civilization to the present time, including the relation of their herds and their use of dairy products to the lives, language and religion of ancient peoples and the most up-to-date information about the nutritive value of milk and its sanitary production.

Dr. McCollum in his introduction says:

This book should be equally valuable to teachers in the development of their school program, to parents in training their children in proper health habits, and to young people themselves in making health a part of their daily lives.

The *Annual Report* of the Surgeon General of the U. S. Public Health Service has just been issued. The Table of Contents shows the extraordinary diversity of the activities now included under "public health." The report gives brief summaries of the studies and activities undertaken by the Service. Interesting and significant charts and tables are interspersed. The report of the Surgeon-General which prefaces the summary reports, gives a somewhat startling picture of conditions which we are rather apt to blandly accept as more or less inevitable.

Theoretically the United States is composed of individual self-governing republics. Practically, in so far as our national health is concerned, our people have grown into a body compact comparable to the

human body, no member of which can suffer without affecting the well-being of all.

It is not possible to consider the public health as being divided into 48 or any other number of territorial entities. A rural community in Texas or California may produce the cream of the market in vegetables, fruits and other edible commodities, but unless such commodities are produced under good sanitary conditions the people of New York or Massachusetts may suffer as a consequence.

With present facilities for the rapid transportation of human beings by trains, vessels, automobiles, and even airplanes, a person may be exposed to a communicable disease in one state and develop the disease in any other state in the Union to which he may happen to go.

For a general view of public health we commend this Report.

School Nurse Administration, School Health Studies No. 11, is a recent pamphlet issued by the Bureau of Education, Department of the Interior. The results of a brief study of present practice in school nurse administration in cities of more than 30,000 population are given with the tabulated results of the questionnaire. It is an important pamphlet for all interested in the school nurse, "at present the most important special agent in school health work" the foreword records.

Standards of Prenatal Care, an outline for the use of physicians (Pub. No. 153) is a recent Children's Bureau publication. At a meeting of the directors of the state bureaus of child hygiene held at the Children's Bureau in October, 1924, it was suggested that a committee be appointed to draw up standards of prenatal care for the use of physicians in clinics and private work. Eleven representative physicians were appointed with Dr. Robert L. DeNormandie as chairman. The standards presented in this bulletin represent the unanimous report of the committee as to

the essential points in prenatal care which all physicians should be called upon to give their patients.

Government Printing Office, Washington, D. C. Price, 5 cents.

The *Quarterly Bulletin* (No. 2) of the Kentucky Committee for Mothers and Babies contains besides other interesting reports of organization and a list of "objectives," an interesting summary of the report of Miss Bertram Ireland of her survey of Leslie County, the county chosen as the ground for the initial demonstration of the maternity and infancy program to be carried on by the committee. The difficulties, adventures, and the romantic aspect of the survey are well described, but particularly one gains a vivid impression of the splendid material and the unlimited possibilities for service which await these pioneer nurses and midwives who have already won an honored place in the mountain community.

The American Social Hygiene Association has recently reprinted *Love in the Making; A Talk to Older Boys*, which appeared in a recent number of the *Journal of Social Hygiene*. Reprints can be had from the American Social Hygiene Association, 370 Seventh Avenue, New York.

The Association is now issuing a monthly bulletin, *Social Hygiene News*.

The American Heart Association, as we have before mentioned, has a number of leaflets which can be obtained by writing the Association, 370 Seventh Avenue, New York City.

Sanatoria for Cardiacs
Organized Care of Heart Disease
Heart Disease—Prevalence, Effect on
Longevity, Mortality
Lecture Syllabus on Heart Disease
Heart Disease in School Life
Occupations for Cardiacs

are some of these. We again call attention to "Taking Care of Your Heart," by T. Stuart Hart, M.D., one of the small and valuable books in The National Health Series, Funk and Wagnalls, New York, price 30 cents.

Recent pamphlet publications of the National Committee for Mental Hygiene:

Every-child—How He Keeps His Mental Health, by Frankwood E. Williams, M.D. Price 10c.

State Laws Relating to Special Classes and Schools for Mentally Handicapped Children in the Public Schools, by Thomas H. Haines, M.D. Price 10c.

Personality Deviations and Their Relation to the Home, by Sybil Foster. Price 10c.

Recent pamphlet publications of the National Tuberculosis Association:

Plays and Pageantry (revised 1926). Free upon request.

Health Songs. Price 10c.

The Tuberculosis Nurse, by Alta E. Dines, R.N. Price 5c.

Does the Open Air School Pay? by H. G. Imel. Free upon request.

The Correlation of Federal Health Agencies, by Linsly R. Williams, M.D. Free upon request.

Sleeping and Sitting in the Open Air (text rewritten, 1925). Price 5c.

Suggestions for Making a Case-Finding Survey, by Jessamine S. Whitney. Price 25c.

The John Hancock Mutual Life Insurance Company has prepared for distribution several attractively illustrated and very practical booklets: Preventing Diphtheria; The Healthy School Child; Give Your Baby a Fair Chance; and an interesting illustrated account of The Nome Diphtheria Epidemic. These can be obtained from the office of the company, Boston, Mass. They have also produced a film, Preventing Diphtheria.

London *Punch* comments lyrically on the statement that:

A health survey of eighty-six cities made by the American Child Health Association has proved that in Massachusetts and California, the children go earliest to bed, while the children of Tennessee and Ohio are found to be early risers.

It's early to bed in Mass.
And early to bed in Cal.;
It's there that they take first class
For the health of the boy and gal;
And it's early to rise again
In Chattanooga (Tenn.),
And it's up with the lark, you know,
In Springfield (O-hi-o);
But in Va.
And Ga.
And Kan.
And Conn.

The newest bulletin to come to our desk is No. 1, Volume I, of the as yet unnamed publication of the Washington State Organization for Public Health Nursing. It is a very vigorous and well-formed infant and we hope it will soon be appropriately christened. We found this first number full of interesting information, and in addition it contains a charming tale by Gertrude Fergus, a county nurse, of an experience among her Indian patients.

We quote one of the "news items":

During the recent Indian conference held in the city, the latter part of October, more than thirty Indian babies were examined at a special clinic held for them in the Hotel Davenport. The babies, as a whole, measured up most favorably with our white babies.

The Quarterly Journal for Chinese Nurses, published by the Nurses' Association of China, has a new editor, Miss Gertrude Kellogg of Fenchow, Shansi. Miss Kellogg is a graduate of the School of Nursing of the Presbyterian Hospital, Chicago, and has been in China since 1919.

May Day. The American Child Health Association has prepared a completely revised and rewritten *Plan Book of May Day Celebrations* for the purpose of giving concrete suggestions to communities, schools and individuals who wish to make a child health celebration of this day. Copies are obtainable from the American Child Health Association, 370 Seventh Avenue, New York. Price 10 cents.

Till late at night there is something on;

And in Wis.

And Miss.

And Ark.

And Ok.*

They lie abed till nine o'clock.

So if, little lad and lass,

You would be strong women and men,

You must go to bed like the child in Mass.

And rise like the child in Tenn.

* Poetic license for Okla.

From *Child Health Bulletin*

NEWS NOTES

Miss Evelyn Walker, whose work in France in connection with the development of public health nursing under the American Committee for Devastated France, later known as L'Association d'Hygiene Sociale de l'Aisne, is so well known, has returned to this country. She has just accepted the position of County Advisory Nurse, Monmouth County Social Service Organization, Red Bank, N. J.

Mrs. Charlotte Mulcahy, formerly Assistant in Charge of Nursing Activities, State Department of Health, Trenton, N. J., has been appointed to the position of Field Supervisor with the State Department of Health, Albany, New York.

Miss Marie Peterson, for eight years the Director of the Department of Visiting Nursing, Memphis General Hospital, Memphis, Tenn., has become a staff nurse with the Minneapolis Visiting Nurse Association for added experience and will take the summer course in public health nursing in Minnesota University.

Miss Mary Scantling, formerly Field Representative for the American Red Cross in Indiana, has accepted a position as a staff nurse with the Association for Improving the Condition of the Poor, New York, N. Y., for added experience, and will do some special academic study in conjunction.

Miss Bertha Beers, formerly Maternity and Infancy State Field Worker in Kentucky, has accepted the position of Supervisor with the Visiting Nurse Association, Newark, N. J.

NOTES FROM THE STATES *Connecticut*

The three state nursing organizations of Connecticut held their annual

convention in Bridgeport, January 26-28. The program of the S.O.P.H.N. included an address on "Communicable Disease Nursing in Visiting Nurse Associations" by Miss Marguerite A. Wales, discussion by Dr. Millard Knowlton, Director, Bureau of Preventable Diseases, State Department of Health; and an address by Miss Elizabeth G. Fox, president of the N.O.P.H.N., on "The Obligation of Opportunity."

Officers elected by the S.O.P.H.N. are:

President, Lucy Bartram, Terryville; first vice-president, Louise Spence, Bridgeport; second vice-president, Abbie Gilbert, Middletown; secretary-treasurer, Mabel MacDonnell, Stamford.

Delaware

Through the efforts of the Public Health Section of the Delaware State Association of Graduate Nurses, THE PUBLIC HEALTH NURSE has been placed in the library of every accredited hospital in the state—the Delaware Hospital, the Homeopathic Hospital, St. Francis' Hospital, the Contagious Hospital, Physicians and Surgeons Hospital and the Beebe Hospital.

Miss Amy E. Wood, chairman of the Section, also reports that at its last meeting the Section started a fund of \$25 per year as a nucleus for education of nurses in public health and social work, to be used as a loan or gift as may be decided by the State Association, when a sufficient amount is available for this purpose.

Illinois

The Visiting Nurse Association of Rockford, Illinois, celebrated its fifteenth birthday anniversary, November 20, 1925, with a banquet, followed by a program.

NOTES FROM STATES—Continued

Miss Julia C. Lathrop acted as toast-mistress. The city's mayor spoke first, and was followed by the founders of the V.N.A., Mrs. William R. Fringer and Mrs. Walter Forbes. Mrs. Frank M. Bertrand, the president of the Association, gave an illuminating résumé of the work. Other speakers followed. The party closed with the Visiting Nurse play, "From House to House," published in *THE PUBLIC HEALTH NURSE* of November, 1920.

More than 250 representative men and women were present including Lieutenant Governor F. C. Sterling, Dr. Maddox, president of Rockford College, representatives from the Medical Society and hospitals, with lawyers, ministers, ex-patients and many former staff members. The first visiting nurse, Miss Violet M. Jensen, now Mrs. E. A. McReynolds, with her husband and daughter, were also present.

A regional institute for health workers will be conducted from March 8th to 20th at the University of Chicago by the National Tuberculosis Association and the Chicago Tuberculosis Institute. This is for people in all nearby states as well as in Chicago and Illinois.

Michigan

The Detroit Industrial Nurses' Club held their sixth annual meeting January 14 and elected the following officers:

Mrs. Nelle Monkman, The American Radiator Co., President.

Miss Rosemary Kennedy, The Ternstedt Mfg. Co., Vice-President.

Miss Ruth Montgomery, The Hudson Motor Car Co., Treasurer.

Miss Frances Quick, The Detroit Edison Co., Secretary.

New Hampshire

The first sectional meeting of nurses in New Hampshire was held recently when the public health nurses of Sullivan and Cheshire county met in Keene. Last September the Public Health Section of the Graduate Nurses' Association voted to hold group meetings in four sections of the

state during the year, in order to promote friendship among the workers and to discuss the varied problems that frequently arise.

The attendance at this pioneer meeting was excellent, practically every public health nurse in the western section of the state being present. It was voted to hold at least two such meetings every year.

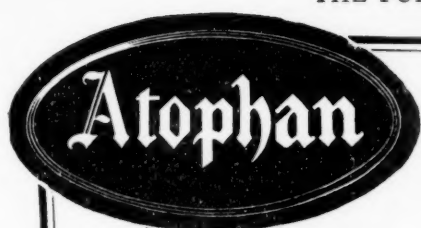
The meeting and program was arranged by Z. M. Lupien, child hygiene nurse of Sullivan county, who as chairman presided over the informal meeting. How to Make Use of Official and Unofficial Health Agencies in New Hampshire was the subject of a talk given by Elena M. Crough, Director of Nursing and Child Hygiene Division of the State Board of Health. Miss Crough also spoke briefly on May Day, the Health Institute to be held in May and on the fund for public health nursing. A general discussion followed. Myrtle Flanders, field supervisor for Red Cross Nursing Service in New Hampshire presided over a round table.

The New Hampshire Graduate Nurses' Association were guests of the public health nurses of Manchester at their last quarterly meeting.

The early part of the morning was devoted to sectional meetings; later at the request of the public health nurses all sections united to listen to a lecture on causes and prevention of heart disease by Doctor G. E. Hoffses.

A committee was appointed to consider ways and means of raising money for a scholarship fund to promote public health nursing in New Hampshire, and to report at the next meeting. Members of the committee are Elena M. Crough, Myrtle Flanders, Mary Stearns, Mary Davis and Cathleen Hay.

At the afternoon session, Judge Remick of Concord spoke on the World Court, following which a resolution was passed to the effect that the New Hampshire Graduate Nurses' Association favored the entrance of the United States into the World Court.



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A Sign of the Times

TIME there was when the medicinal treatment of *Gout* meant Colchicum, of *Rheumatism* the Salicylates, of *Pain, Inflammation* and *Congestion*, Acetanilid and the numerous old-time coal-tar derivatives which followed it.

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NOTES FROM STATES—Continued

New York

At the March meeting of the New York Industrial Nurses Club, there will be a talk by Miss Nelle Swartz, Director of the Women's Division, New York State Department of Labor. The date will be March 11. Dr. L. E. Cofer, Director of Industrial Division, State Department of Labor, will address the club on the work of the Rehabilitation Bureau, at their April meeting, on the 11th. Speakers at the meetings during the past winter have included Miss Mary Elderkin, Miss Alta E. Dines, Miss Ruth C. Woodbury, Judge Jean Norris, and Frederic G. Elton.

Pennsylvania

A regional conference for school nurses was held in Reading, Pennsylvania, January 14 and 15, with Miss Anna L. Stanley, State Supervisor of School Nursing, as presiding officer. Among the subjects discussed at round tables were: An Analysis of the Home Visit; Purpose, Content, Results, leader, Miss Beatrice Short, Secretary for School Nursing of the N.O.P.H.N.; Value of the Parent Consultation at School, leader, Miss Flora Conover. Papers included: School Nursing in Relation to the Health Education Program, W. G. Moorhead; Training for Certification for School Nurses, Jonas Wagner.

Pennsylvania has taken steps to standardize the school nursing service in the state by passing a law providing for certification for school nurses. Under the law no community will receive the state aid provided for this service unless the nurse holds a certificate. There are temporary and permanent certificates.

Qualifications for temporary certificates are:

Graduation from high school, four year course; graduation from nursing school, two year course; registration in the state. This certificate must be renewed every two years.

Additional qualifications for permanent certificates are:

Four years public health nursing in the state, two years of which shall have been in school nursing while holding a temporary certificate; satisfactory rating during school nursing service; one year's approved course in public health nursing.

Consideration is being shown to nurses now in service by granting them a temporary certificate on the following basis, although all nurses are urged to make up their high school deficiencies:

Of the fifteen high school units required, one unit of credit for the purpose of the temporary certificate will be granted for each year of experience in private duty nursing, three units for each year of public health nursing experience.

Texas

Texas has recently inaugurated a movement to help promote health education in the state. It was initiated by the Texas State Medical Association, which through its Committee on Health Problems in Education adopted a resolution to invite the State Department of Education, the State Teachers' Association, the Texas Public Health Association, the University of Texas, and such organizations as it deemed wise, to appoint special committees to study health problems in education and to meet with the committee of the State Medical Association.

A meeting was held in Dallas November 25 with representatives present from twenty-one state institutions and organizations. They adopted the Texas Federation for Health Education as the official name of the organization; its functions to be representative, coöperative and advisory; to study health problems in education in coöperation with the National Committees on Health Problems in Education of the American Medical Association and the National Education Association; and to study and consider communications referred by organizations and institutions composing its membership.

The Texas Graduate Nurses' Association was included among the organizations requested to send delegates and